

ASS. REC. BY:

REF:

MSG/

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

11/27

Person Contacted:

Vehicle: IN / OUT

Veh No:

GABM4054R Regn: 01 13

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mer Vito

c.c. 2143

Colour

Purple

A/C: Insured / Std / NI / NA

Sp. Reading

240752

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDF-83960323758995

Gen. Cohd: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orMod: ☒ S/Rim / STD A/Rim or

Tyre Size:

F:

215/65R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

26/7/24

D.O.I.

31/7/2024

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

PRS

EM repair con @ 2.5-3.5k

Date/Time, File Pass to?



: Prell. Report



: Final Report

1)

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

P. M. S.

Others

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech Invs (\$)



: Weekend (\$)

TOTAL

Report Format:

ump Sum / I.B.I: (\$)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|---------------------------------|-----------------------------------|
| Date of First Submission | 29/07/2024 20:41 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 26/07/2024 10:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | WINS BUILDING CARPARK UNIT #01-05 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBM4254R |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | STRAITS LEASING & TRANSPORT SERVICES |
| Company Reg No | 5XXXX275B |
| Email Address | ryan_lim11@hotmail.com |
| Mobile Phone No | (Phone) +65-81895798 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | Vito |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Employment |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 2143 |

INSURANCE COMPANY

| | |
|-----------------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SI23V08700/VCV/R01 |

DRIVER

| | |
|-----------------|----------------------------|
| Name of Driver | ABDUL HASSAN SEYED IBRAHIM |
| Passport No/FIN | GXXXX006W |
| Date Of Birth | 31/07/1994 |
| Occupation | Outdoor |

SKETCH PLAN

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

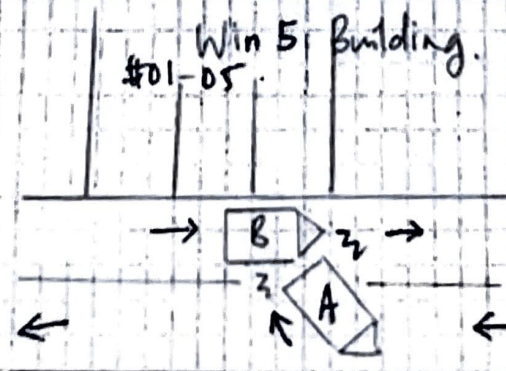


Policyholder's Signature & Time

Driver's Signature (if driver is not the policyholder) / Date
A Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



A) GBM4254R

B) SNG213A

Describe Circumstance of the Accident

On 26/07/2024, at around 10:30 AM, I was driving my company vehicle, GBM 4254 R, and intended to park at the Win5 building carpark in front of unit 01-05. After confirming that the traffic in the opposite direction was clear, I began to make a three-point turn and prepared to reverse. There was a vehicle, SNG 213 A, behind me, and the driver had stopped to let me complete the reverse parking. As I started to reverse, the vehicle SNG213 A suddenly began to overtake from behind, and I couldn't stop in time. My vehicle's rear left corner scratched the right side of SNG 213 A. We exchanged contact information and then left the scene.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Date & Time

Rushin
Driver's Signature (if driver is not the policyholder) / Date
& Time

[Signature] 29/07/2024
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)