

INS. CASE OWNER:

Mecorchi

CC4/III18001914 1 hsc

LKK:

IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

31/01/18

Registered in Merimen:

31/01/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

PC 3343K

Claim No.:

MC20192070

Name of Insured:

Policy No.:

M488957

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

24/01/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SKP 98302



INSRS:

WSP: Ethos Group CR4142006

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
SKP 98302 - CSI/TSI160056821A/L21 DOA: 02/10/15	Non-Reporting ltr (1st):	
- NA/CTI15016679/d2 DOA: 02/10/15	Non-Reporting ltr (2nd):	
PC 3343K - X	Non-Reporting ltr (Final):	
* Cancel Case - Both parties privately settle.	Notification ltr (if non-pickup):	
08-3-18	Call OI:	
✓	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	S\$	(days) Reduction: %
FINAL SETTLEMENT	Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:
Repair Cost:	S\$	
Loss of Rental (LOR):	S\$	(days)
Loss of Use (LOU):	S\$	(\$ x days)
Loss of Income (LOI):	S\$	(\$ x days)
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]		
GIA/LTA Search	S\$	
Medical:	S\$	
Disbursement:	S\$	(e.g. Tow/ Independent)
Legal Cost	S\$	
Total:	S\$	Global Sum S\$:
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	S\$	Name 1:
Payee 2: (Strike if N.A.)	S\$	Name 2:
Payee 3: (Strike if N.A.)	S\$	Name 3:

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 Authorised 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 ability.
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 Report	25/01/2018 11:40
Date Of Accident	24/01/2018 16:20
Exact Location Of Accident	AT 101 YISHUN AVE 5 CHONG PANG OPEN CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9330Z
Insured/Policyholder	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777
Vehicle Particulars	
Manufacturer	MAZDA
Model	3 1.5 (A) SEDAN STANDARD

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D17MTRENT000056
Cover Note Number	

Driver

Name of Driver	TAN WAI PENG
NRIC No	S8861800I
Date Of Birth	14/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-97163374
Fax Number	
Contact Number	
Email Address	TANWP88@HOTMAIL.COM

Address	BLK 121 POTONG PASIR AVE 1 #04-289
Postcode	350121
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO SKETCH PLAN.

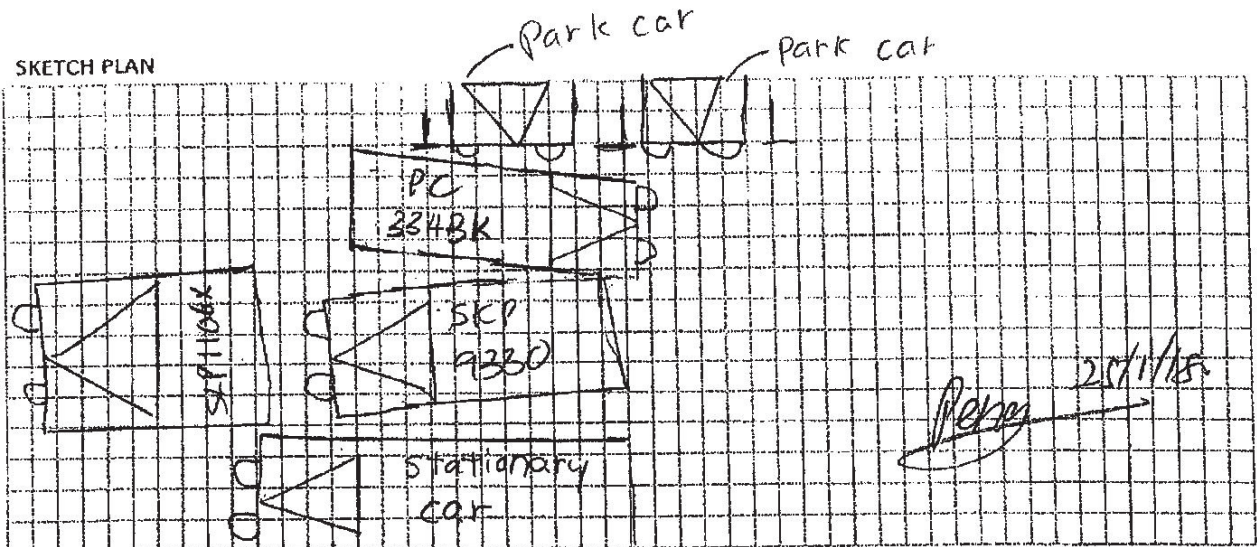
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC3343K
Vehicle Make/Model/Colour	MERCEDES VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM TIANG CHOON
NRIC/Passport Number	S0190331D
Contact Number	96200549
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24/01/2018 ABOUT 4:20PM, I DROVE VEHICLE (SCP 93302) TO BHC 101 Yishun Ave S To Meet Customer. After I Had Turned out FROM The car Park Lot And intend to leave the said Location Traffic Was Jammed due to one VAN (PC 3342K) WAS REVERSING out FROM The car Park Lot And MY car (SCP 93302) WAS Followed Behind of (SCP 1106X). After the said VAN Turned out FROM The car Park Lot, The van Moved Towards my Opposite Direction And Was very closed To my car. So I Horned At Him But The said VAN still keep on moving even the Road Was Narrow. This Resulted His Van scratched onto My car Rear Right Fender And Bumper Portion. NO. Injury involved.

Permy 25/1/18

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

DECLARATION

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



Policyholder's signature
Date & Time

Permy 25/1/18

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

[Signature]

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.