

15/02/18

INS. CASE OWNER:

Bennie

CC 3 / AIG18004985 / h23

LKK:
IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

15/03/18

Registered in Merimen:

16/03/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

9BF 5133L

Name of Insured:

HOCK WOOD TRADING

Insured Tel No.:

HP: 9777 3090

Excess Sec II :SS

D.O.A.: 14/03/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

8424 87915486

Policy No.:

2102491735

Make / Model:

Place of Accident:

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

If NO. Driver Name / Age:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

Driver Tel No.:

SKT 8676L



INSRS:

WSP: Performance Alexander

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time	STAGE	DATE/PIC
24/03/18 (V/L)	SKT 8676L - X 9BF 5133L - CC6/1376/705434/14/1352 DVA: 05/02/18 - CS/ATG 1704334/K34332 DVA: 05/02/18	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI: Documentation Check List: Handler Typist
24/03/18 @ 9:00am	<p>OI PIC CALLED IN. PROVIDED LETTER. HE SAID HE ALREADY OBTAINED PRIVATEITY WITH TP. HE WILL FORWARD DOCUMENTS TO US.</p> <p>BUMBLE TO TP. CAROLINE CONFIRMED PRIVATE SETTLEMENT w TP ALREADY ON GIA REPORT.</p> <p>NO SURVEY, TO CANCEL CASE.</p> <p>VIC Approved by: [Signature] Date: 27-03-18 File cancelled.</p>	<p>Notification ltr (if non-pickup)</p> <p>After call ltr to OI:</p> <p>Authorisation To Act:</p> <p>Release Voucher:</p> <p>Final Repair Bill:</p> <p>Car Rental Invoice:</p> <p>Towing Invoice</p> <p>LTA / GIA:</p> <p>Medical Bill:</p> <p>PIR:</p> <p>Mandate/Reject Instruction:</p> <p>LOD</p> <p>Payment Breakdown Form:</p> <p>Post-Repair Photos:</p> <p>Others:</p>

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

(

days)

Loss of Rental (LOR):

S\$

(

x days)

Loss of Use (LOU):

S\$

(

x days)

Loss of Income (LOI):

S\$

(

x days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

Email

Call

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:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

CANCELLED CASE
NO SURVEY
PRIVATE SETTLEMENT

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	14/03/2018 17:11
Date Of Accident	14/03/2018 09:20
Exact Location Of Accident	LENTOR AVE BEFORE RAMP TO SLE(CTE/PTE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT8676L
Insured/Policyholder	
Name Of Registered Owner	YEE NEE HONG
NRIC No	S0806619A
Email Address	YEE.STEVEN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96697743
Alternative Phone No	OFFICE-96697743
Vehicle Particulars	
Manufacturer	BMW
Model	528i
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1630950
Cover Note Number	
Driver	
Name of Driver	CINDY YEE LIN LIN
NRIC No	S7631186B
Date Of Birth	05/10/1976
Occupation	INDOOR
Date Of Driving Pass	23/04/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96916029
Fax Number	
Contact Number	
Email Address	YEECINDY@GMAIL.COM

Address	BLK 723 YISHUN ST 71 #04-161
Postcode	760723
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

REFER TO ATTACH.

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	GBF5133L
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	ONG ENG CHYE
NRIC/Passport Number	
Contact Number	97375070
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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 regulate 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 14/03/18 4:20pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14/3/2018 3:20pm

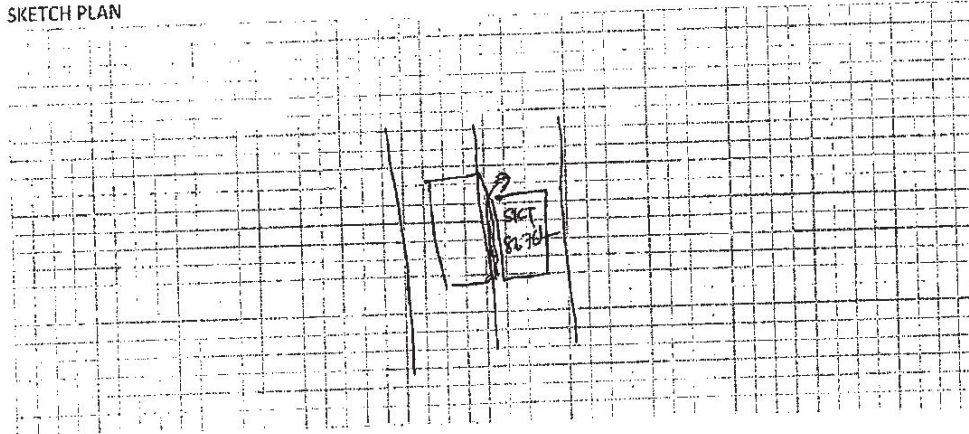
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The lorry changed lane without checking oncoming vehicles. I honk him & suddenly he noticed that his lorry was in my lane and he hit my passenger side. He I quickly drove up to him and instruct him to go to the side of the road. My passenger side mirror cover was off, mirror hanging out and scratches ^{and dent} on the front of my ~~front~~ fender

DECLARATION

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

Policyholder's Signature
Date & Time: 14/03/18 4:20pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/03/18 4:20pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: