

ASS. REC. BY:

REF:

AIG /

9547 / km3 - (M)

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. _____

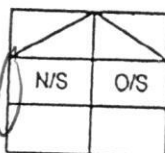
Claims No. _____

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: 88k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: YN 40P Yr Regn: 03, 09

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

Truck / Trailer or

Make: Isuzu NPR c.c. 5193Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 270615 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JAA NPR 7514 97101460Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD A/Rlm orTyre Size: Double Coin 215 / 75R17.5R: Teolus (D)

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 8 8 mmL/Bal. 6 mm L/Bal. 8 8 mmD.O.A. 19/3/18 D.O.I. 25/8/18

Survey held at _____

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

NIS body

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

Date / Time Action / Instruction

27/8 File pass to Catherine, car not ready18/5 Veh hasn't repair yet, swap for liability

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fixtures

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

Enquire PARF/COE Rebate for Registered VehicleYN 40P
TP / A16**Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	2755Z

Vehicle Details

Vehicle No.:	YN40P
Vehicle to be Exported:	Yes
Intended De-registration Date:	03 Apr 2018
Vehicle Make:	ISUZU
Vehicle Model:	NPR75UH5A
Primary Colour:	Silver
Manufacturing Year:	2009
Engine No.:	4HK1726434
Chassis No.:	JAANPR75H97101460
Maximum Power Output:	-
Open Market Value:	\$41,823.00
Original Registration Date:	04 Mar 2009
First Registration Date:	04 Mar 2009
Transfer Count:	0
Actual ARF Paid:	\$2,092.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	03 Mar 2019
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$2,900.00
COE Rebate Amount:	\$265.00
Total Rebate Amount:	\$265.00

The information contained herein is correct as at 03 Apr 2018

OK

Enquire Vehicle & Owner Information (Vehicle No. SLF7422X As At 19 Mar 2018 / 14:10:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: CHM-YN40

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S2758776C

Owner Name: JOHN DAVID HATHERLEY

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.:186

Registered Street Name: DEPOT ROAD

Registered Unit No.: # 23 - 13

Registered Building Name: -

Registered Postal Code: 109687

Current Vehicle Details

Vehicle No.: SLF7422X

Make Description/Model: ASTON MARTIN / RAPIDE 6.0 AT ABS D/AB 2WD GAS/D 5DR

Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.

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	21/03/2018 16:52
Date Of Accident	19/03/2018 14:10
Exact Location Of Accident	JUNCTION OF GILLAN HEIGHTS & DEPOT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN40P
Insured/Policyholder	
Name Of Registered Owner	GARDEN BEAU PTE LTD
Co Reg No	199102755Z
Email Address	BIZ@GARDENBEAU.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67937888
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR75UH5A-5.2 D (M)
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMCV17S000857
Cover Note Number	
Driver	
Name of Driver	TAN SER LEE
Passport No/FIN	G7194632R
Date Of Birth	28/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98008170
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address GARDEN BEAU PTE LTD

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF7422X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

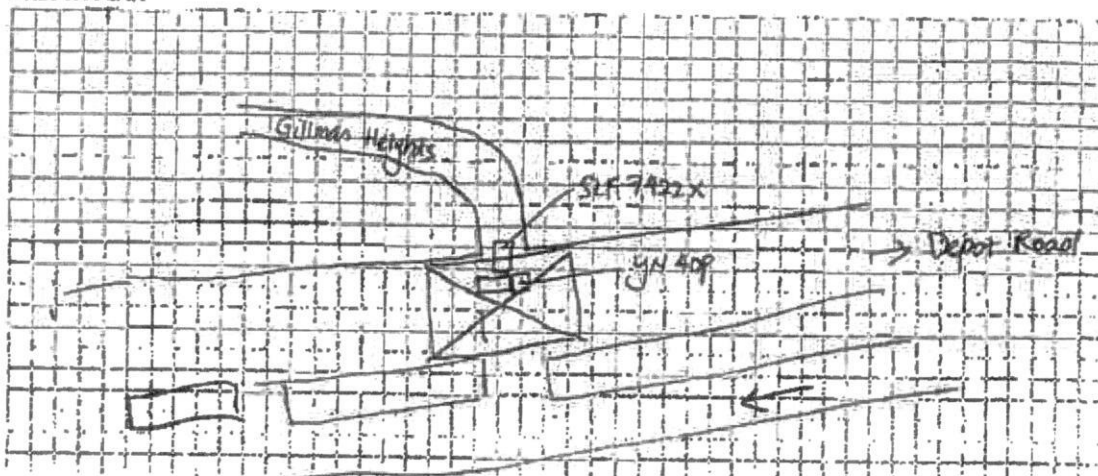
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: <u>YN 40P</u>	ACCIDENT DATE & TIME: <u>19/3/2018 1408HR</u>
CONTACT NUMBER: <u>67937888 / 98008170</u>	E-MAIL ADDRESS: <u>bte@gardenbeam.com.sg</u>
LOCATION: <u>JUNCTION OF GILLMAN HEIGHTS & DEPOT ROAD</u>	
<p>ON 19/3/2018, 1408 HR, I WAS DRIVING ALONG DEPOT ROAD. AT THE JUNCTION OF GILLMAN HEIGHTS & DEPOT ROAD, WHEN THE SIGNAL LIGHTS TURN GREEN, I STARTED TO MOVE OFF. MY VEHICLE WAS THE 2ND HORRY VEHICLE MOVING OFF AT THE JUNCTION. AS MY VEHICLE MOVE TOWARDS THE CENTRE OF THE JUNCTION BOX, VEHICLE NO. SLF 7422X MOVE OFF AND HIT THE SIDE OFF OF MY VEHICLE -</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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

Policyholder's Signature
Date & Time:

GM/PA/EC SI accbPlanform_V5

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 1

SKETCH PLAN

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 rescind 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:

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

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

21/3/18