

CLASS. REC. BY:

REF: CS/AAI20002073/Aqds

Special Instruction:

Surveyor: Adnan

ASSIGNMENT (Office)

From (Person): My Fatilla

of AAI

Date/Time: 6/2/2020 @ 9:50am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SMM 9302Y

Insured: SLQ 22422

at Workshop m/s MG Solution

Tel: 6744 4165

of 23 kaki Bukit Avenue 4 #02-03B

Policy No:

Claim No: C10005481

Sum Insured:

Excess:

Make of Veh:

D.O.A. 04/02/2020

(Client's Record)

CA / REV / REP. / REV 24 HRS ^{imp}

H.O.D. Endorsement:

Date/Time: 10:28am @ 6/2/2020

Person Contacted:

Ms. Hong

Vehicle IN/OUT

Date/Time	Action/Instruction	Estimated	✓
	SMM 9302Y - X		
	SLQ 22422 - X		

Nivitha (LKK Auto)

From: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent: Thursday, 6 February 2020 9:50 AM
To: Nivitha (LKK Auto)
Cc: 'SUR'; Julie Mangubat
Subject: FW: SMM9302Y - (PRE-INSPECTION) ; YOUR REF : SLQ2242Z - DOA ON 04/02/2020 || C10005481
Attachments: SMM9302Y.pdf; SLQ2242Z.pdf

Hi Team,

We would like to arrange TP PRS for SMM9302Y. They have chosen Mr. Adrian Ling to survey their client's vehicle.

Workshop information:
MG SOLUTION PTE LTD
23 Kaki Bukit Avenue 4 (South Wing)
#02-03B Vicom Inspection Centre
Singapore 415933
Tel : 6744 4165
Fax : 6744 4604

Please confirm. Thank you.

Regards,

Ivy Ratilla
Executive, Claims Admin

T +65 6540 2185
F +65 6725 0853
E ivy.r@budgetdirect.com.sg

**Budget
Direct**
insurance



Customer Care +65 6221 2111
Claims +65 6221 2199
Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01
Singapore Shopping Centre
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auto  general

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

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From: MG Solution <mg3solution@gmail.com>
Sent: Thursday, 6 February 2020 9:37 AM
To: Claims <claims@budgetdirect.com.sg>
Subject: SMM9302Y - (PRE-INSPECTION) ; YOUR REF : SLQ2242Z - DOA ON 04/02/2020

Dear person in charge,

Please refer to attach file and arrange for pre-inspection.

We prefer our single joint expert as below:

- **ADRIAN LING WAI PING (LKK AUTO CONSULTANTS PTE LTD)**

Thank you.

Best Regards,

MS HONG

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing)

#02-03B Vicom Inspection Centre

Singapore 415933

Tel : 6744 4165

Fax : 6744 4604

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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 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 Report	05/02/2020 12:48
Date Of Accident	04/02/2020 13:30
Exact Location Of Accident	OPEN CP OF BLK 102 HOUGANG AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM9302Y
Insured/Policyholder	
Name Of Registered Owner	CHAN HUANN TIONG
NRIC No	SXXXX762F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97397666
Alternative Phone No	OTHERS-97397666

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 AVANTGARDE (R17 LED)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111176405
Cover Note Number	

Driver

Name of Driver	CHAN HUANN TIONG
NRIC No	SXXXX762F
Date Of Birth	09/11/1978
Occupation	INDOOR
Date Of Driving Pass	20/08/2003
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97397666
Fax Number	
Contact Number	OTHERS-97397666
Email Address	NOEMAIL

Address	BLK 637B #12-409 PUNGGOL DRIVE THE MEADOWS
Postcode	822637
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	0

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 ATTACHED;

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	SLQ2242Z
Vehicle Make/Model/Colour	MINI / ONE 5DR HB 1.2 A/T D/AB ABS DSC
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)	

Accident Sketch Plan

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 willful 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.

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/are disclosed by any of the insurers and/or GIA to their third party service providers/agent (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 (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, 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:

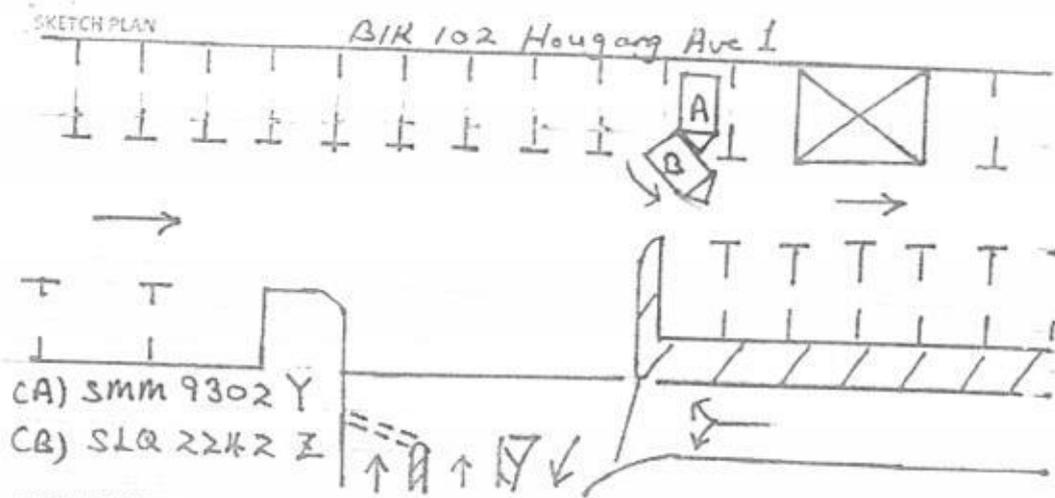
IDAC KAKI BUKIT (YAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415033
Tel: 67416697 Fax: 67492301
Email: yackb@yiam.com

Reporting Centre Personnel's Signature

Name:

NRIC/IN No: 05 FEB 2020

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/02/2020 at about 1330 hrs to 1400 hrs at Open Car Park of Blk 102 Hougang Ave 1, My vehicle was stationary parked at the above mentioned car park lot no. 125 and everything was intact and went for my lunch at the nearby Hawker Centre at about 1330hrs. However, when I return back to my vehicle at about 1400 hrs, I realised that my front Right Portion of my vehicle was damaged. There was a note on my windscreen with contact number and stated that he was sorry to hit onto my vehicle. Immediately I contacted him and was told to claim his insurance.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information

DECLARATION

(We declare the foregoing particulars are true in every respect)

Policyholder's Signature
Date & Time:

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

ADAC KAKI BUNT (PAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415033
Tel: 67416687 Fax: 67492305
Email: vor@adac.com.sg
Reporting Centre Personnel's Signature
Name:
LIC/FIN No: