

Whinn

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Chong Bun Sin

of CTI

Date/Time: 21.2.2002 11.08a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SGC 9333G

Insured: SMJ 8071K

at Workshop m/s EVV SEN AUTO

Tel: 67437111

of BIC 3022A Ub. road 1 #101-49

Policy No: DMPCSN 30716119000

Claim No: SNM 200 200914 C02

Sum Insured:

Excess:

D.O.A. 15/02/2002

Make of Veh: (Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 24/2/2002 4.41p.m

Person Contacted:

MRTAN

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	<u>SGC 9333G - CS/CTI 2000 2859/Asf3 D.O.A - 06/02/2002</u>
	<u>SMJ 8071K - MBA/CTI 2000 2824/11 D.O.A - 15/02/2002</u>

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

D.O.A. _____

D.O.I. 24/02/20

Survey held at Evesen.

Des. of Damages: Frt / Rear (OIS) / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>TP Chiam.</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

: Preli. Report

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

3 + RS SI

Fluke

1) Date/Time, File Return to?

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	21 Feb 2020		21 Feb 2020 11:08 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:			
Main Claimant:	YAP IRENE, ID: S7536344C		
Vehicle Reg. No.:	SGC9333G	Date of Loss:	15/02/2020 11:00 - :59
Claim Type:	TP / SNM20D200914C02	Policy/Cover Note No.:	DMPCSN30716119000
Vehicle Reg. No. (Insured):	SMJ8071K	Policy No. (Claimant):	A80464203QMY
		Excess:	S\$0.00
Repairer:	Ever Sen Auto Service (HQ) Blk 3022A, Ubi Road 1, #01-49, 408716 Ubi - Tel: 6743 7111		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]		
Claimant's Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by ADRIAN LING] ... [Final Rpt due 03/03/2020]		

ASSOCIATED MAIL RECEIVED

[View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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	17/02/2020 09:19
Date Of Accident	15/02/2020 11:35
Exact Location Of Accident	ARTRA SHOWFLAT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC9333G
Insured/Policyholder	SINGAPORE ACCIDENT STATEMENT
Name Of Registered Owner	YAP IRENE
NRIC No	SXXXX344C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91864812
Alternative Phone No	OFFICE-91864812

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80464203QMY
Cover Note Number	

Driver

Name of Driver	YAP IRENE
NRIC No	SXXXX344C
Date Of Birth	21/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1999
Driving Experience	20 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91864812
Fax Number	
Contact Number	OFFICE-91864812
EEmail Address	NOEMAIL

Address	BLK 75B REDHILL ROAD #25-70
Postcode	152075
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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 TO STATEMENT.

Attachment(s) (as including own vehicle)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ8071K
Vehicle Make/Model/Colour	VOLSWAGEN JETTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAVEN SOH RUI XIANG
NRIC/Passport Number	SXXXX023D
Contact Number	93373778
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

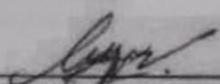
SKETCH PLAN

IMPORTANT NOTICE

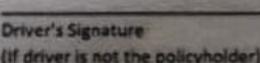
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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:

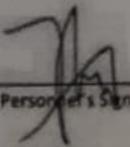
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

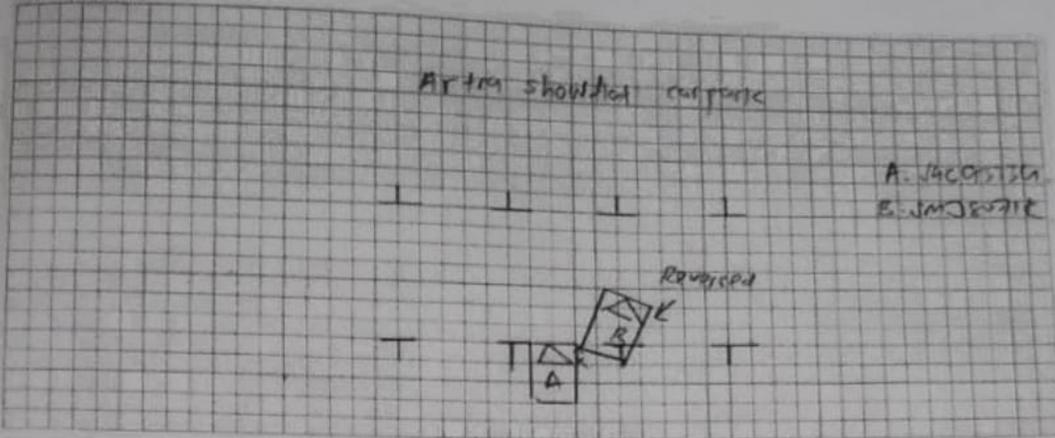


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

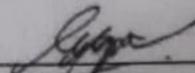


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

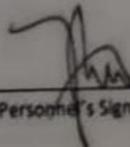
On stated date and time, my vehicle was stationary parked
 onto the car park lot of stated venue. Suddenly vehicle B
 reversed from opposite direction of car park lot and hit onto
 my stationary vehicle front right door.

DECLARATION

I/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:


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