

22/03/2020

ASS. REC. BY:

REF: CS31 MSG 20002973/14087-1 Special Instruction:

Surveyor: Hock Ang

ASSIGNMENT (Office)

From (Person): Katherine Wong

of MSG

Date/Time: 11. Mar. 2020

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLC 3201J

Insured: SMJ 35704

at Workshop m/s NAO Automotive

Tel: 90914853

of 53 Uls Axl 1 105-44

Policy No: 29118376AVW

Claim No: 620716

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 19.1.2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 21/2/20 10:16am

Person Contacted: Mrs NAO

Vehicle IN/OUT

| Date/Time | Action/Instruction (X) Estimate |
|-----------|---|
| | SLC 3201J - NA INC 10003742/13 Rep - 13.10.2019 |
| | SMJ 35704 - 1 |
| | 21/2/20 → surge tab |
| | 21/2/20 → Range tab |
| | 26/2/20 → 9th part tab |
| | lump sum \$2600 - (Red: 400; 61%) |

4 days

13/2/2020

B/3/20 - File pass to typist

Do Not Finalise

RECEIVED 13 MAR 2020

ASS. REC. BY:

REF: MS19

ASSIGNMENT

From:

Date:

21.2.2020

Estimated Cost:

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

To Inspect Vehicle No: SL C 3201J

at Workshop m/s NIO Automotive

of 53 ubi Ave / # 05-44

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.

| | |
|-----|-----|
| N/S | O/S |
| | |

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLC 3201J

Yr Regn:

10/05/2016

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

Truck / Trailer or

Make:

Toyota vios E

c.c.

1497

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading:

280.82 km

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MHFBT9F3X06068024

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/5.8R15

R:

11

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

TOYO / YOKO or

Front

R/Bal.

5

mm

Rear

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

19/1/20

D.O.I.

21/2/20

Survey held at

NIO Automotive

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

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

Date / Time

Action / Instruction

Range → 2.5-3.3K

rpt Days → 4 days

* SLC 3201J

PRS case

24/2/2020

MV - 49000

PV - 38537

NV - 10400

Date/Time, File Pass to?

2/3 Typist

Date/Time, File Return to?

2)

Rep. Format:

Lump Sum / L.B.T. (%)

PRS

Days Of Repair:

4

Resurvey No. of Trip:

2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation

\$ + RS. \$

Photos

Others

TOTAL

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 | 20/01/2020 17:49 |
| Date Of Accident | 19/01/2020 23:00 |
| Exact Location Of Accident | 323 CLEMENTI ARC 5 CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLC3201J |
| Insured/Policyholder | |
| Name Of Registered Owner | PRESTIGE LEASING P/L |
| Co Reg No | 201723326H |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-91449265 |

Vehicle Particulars

| | |
|--|----------------------|
| Manufacturer | TOYOTA |
| Model | VIOS-1.5 E GRADE (A) |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | P2341220 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM KUA AMM |
| NRIC No | S2757579Z |
| Date Of Birth | 23/06/1967 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/04/1997 |
| Driving Experience | 22 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91441338 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | 53 UBI AVENUE 1 #05-44 PAYA UBI INDUSTRIAL PARK |
| Postcode | 408934 |
| 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 | COLLISION - HEAD TO REAR |
| 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) | 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 THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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 | SMJ3570U |
| 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

SKETCH PLAN


IMPORTANT NOTICE

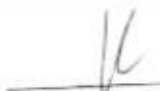
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

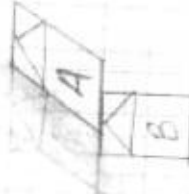

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN

A - SLK 32013
B - SM335701



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Parking Lots

On 19/01/2020, I was reversing into a parking lot at Blk 323 Clementi Ave S. I on my hazard light and check the road is clear before reversing. Suddenly SM335701 did not notice my car and drove straight and banged into my car.

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.:

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

| | | | | | |
|---|--|---|--|--|--|
| 1 Date of accident 19/1/2020 | | 2 Exact location of accident 1100pm 323 Clement Ave 5 carpark | | 3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | |
| 4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 5 Witness' name, address and tel no. (to be undefined if false) it pertains to vehicle A or vehicle B | |

Registration No. (VEHICLE A) SLK 3201J

6 Insured / policyholder (see insurance cert.)
Name: Prestige Leasing Pte Ltd
Address: 53 Upper Avenue 1
#05-44 Payer Wb. Industrial Park (S) 408924
NRIC / Passport no: 20122332611
Tel no. (from 9am till 5pm): 91449265
HP: _____

7 Vehicle
Make, type: Toyota Vios Egrade

8 Insurance company
AXA ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy no: P2341220

9 Driver ☐ Same as Owner
Name: Lim Kue Ann
NRIC / Passport no: S27575792
Class of licence: 4144138
HP: _____
Gender: Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Chain Collision |
| <input type="checkbox"/> | Collided into Object |
| <input type="checkbox"/> | Collided into Motorcyclist |
| <input type="checkbox"/> | Collided into Parked vehicle |
| <input type="checkbox"/> | Collided into Pedestrian |
| <input type="checkbox"/> | Collided into Property |
| <input type="checkbox"/> | Collision - Change/Cross Lane |
| <input type="checkbox"/> | Collision - Cross Junction |
| <input type="checkbox"/> | Collision - Head on Collision |
| <input type="checkbox"/> | Collision - Head to Rear |
| <input type="checkbox"/> | Collision - Mass/Minor Hit |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | Collision - Rear-end |
| <input type="checkbox"/> | Collision - Turn |
| <input type="checkbox"/> | Drunk Driving / Drug Influence |
| <input type="checkbox"/> | Fire, Explosion or Lightning |
| <input type="checkbox"/> | Flood |
| <input type="checkbox"/> | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> | Hit by Falling Tree / Other Objects |
| <input type="checkbox"/> | No Collision |
| <input type="checkbox"/> | Tail Squeeze |
| <input type="checkbox"/> | Theft |

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) SMJ 3570U

6 Insured / policyholder (see insurance cert.)
Name: _____
Address: _____
NRIC / Passport no: _____
Tel no. (from 9am till 5pm): _____
HP: _____

7 Vehicle
Make, type: _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy no. (if available): _____

9 Driver (See driving licence)
(if different from insured B above)
Name: _____
NRIC / Passport no: _____
Class of licence: _____
HP: _____
Gender: Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads.

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B

14 My remarks

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

| INDIVIDUAL STATEMENT (Part II) | | | | | | Mervin Pan @ bk2emotoring.com.sg Own Workshop (Email / Fax / etc) | | | | | | | | | | | | | |
|--|---|---------|---|--|--|--|--|------|---------|---------|--|--|--|--|--|--|--|--|--|
| To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary) | | | | | | | | | | | | | | | | | | | |
| Insured | 1 Occupation (if more than one, state all) | | | | | | Email: _____ | | | | | | | | | | | | |
| | 2 Vehicle registration no. CC | | | | | | 3 If commercial vehicle, state permissible carrying capacity | | | | | | | | | | | | |
| | 3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state relationship of driver with owner <u>employee</u> | | | | | | 4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire | | | | | | | | | | | | |
| | 5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____ | | | | | | 6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| | If no, state action to be taken <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop) | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Driver or person in charge of vehicle at time of accident (including insured) | 7 Date of birth | | Occupation | | Date of license pass | | Was vehicle driven with the insured's permission? | | | | | | | | | | | | |
| | 23/6/1967 | | Indoor | | 21/4/1997 | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| | | | Outdoor | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____ | | | | | | | | | | | | | | | | | | | |
| 9 Full details of all driving convictions including pending prosecutions in the last 36 months | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | | | | Date | Offence | Penalty | | | | | | | | | |
| Date | Offence | Penalty | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Injured persons | 10 Name(s), address(es) and approximate age(s) | | Injuries sustained | | If vehicle occupants, state in which vehicle | | Were seat belts being worn? | | | | | | | | | | | | |
| | | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| | | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| Damage to property & vehicles (other than vehicles A and B) | 11 Name(s) and address(es) of owner(s) | | Vehicle registration no. or details of property | | Nature of damage | | Insurer's name and address (if known) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Police action | 12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | If yes, please state which Police station _____ | | | | | | | | | | | | | | | | | | |
| Accident details | 13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | If yes, against whom? _____ | | | | | | | | | | | | | | | | | | |
| | 14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | 15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | 16 Speed of vehicles A _____ km/hr B _____ km/hr | | | | | | | | | | | | | | | | | | |
| | 17 What warnings were given by driver or other party? _____ | | | | | | | | | | | | | | | | | | |
| | 18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| | 19 What lights were displayed on your vehicle/the other vehicle(s)? _____ | | | | | | | | | | | | | | | | | | |
| | 20 If your vehicle is commercial, state weight of load carried at time of accident _____ | | | | | | | | | | | | | | | | | | |
| | 21 State how accident happened, width of roads, speed limits, etc. (Refer to attached) | | | | | | | | | | | | | | | | | | |
| 22 State number of Passengers (including Driver) <u>0</u> | | | | | | | | | | | | | | | | | | | |
| Declaration | I/We declare the foregoing to be true in every respect | | | | | | | | | | | | | | | | | | |
| | Policyholder's signature _____ | | | | | | Date _____ | | | | | | | | | | | | |
| | Driver's signature (if driver is not the policyholder) _____ | | | | | | Date _____ | | | | | | | | | | | | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo







Accident Photo



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 | 20/01/2020 09:11 |
| Date Of Accident | 19/01/2020 10:55 |
| Exact Location Of Accident | CLEMENTI AVE 5 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMJ3570U |
| Insured/Policyholder | |
| Name Of Registered Owner | CAMLYN TAN |
| NRIC No | S7231523E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81211452 |
| Alternative Phone No | OFFICE-81211452 |

Vehicle Particulars

| | |
|--|-------------------------|
| Manufacturer | VOLKSWAGEN |
| Model | SHARAN HLBMT 162 TSID6F |
| 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 | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | SIM TONG BENG |
| NRIC No | S7032045B |
| Date Of Birth | 10/09/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/11/1993 |
| Driving Experience | 26 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97853451 |
| Fax Number | |
| Contact Number | |
| Email Address | SIM_TB@YAHOO.COM.SG |

| | |
|---|--------------------|
| Address | 14 JALAN NAGA SARI |
| Postcode | 288844 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| 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) | 5 |
| Passenger 1 | NAME: : CAMLYN TAN GENDER: : FEMALE |
| Passenger 2 | NAME: : YULEA SIM GENDER: : FEMALE |
| Passenger 3 | NAME: : JOVAHN SIM GENDER: : MALE |
| Passenger 4 | NAME: : RONEL SIM GENDER: : MALE |

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)

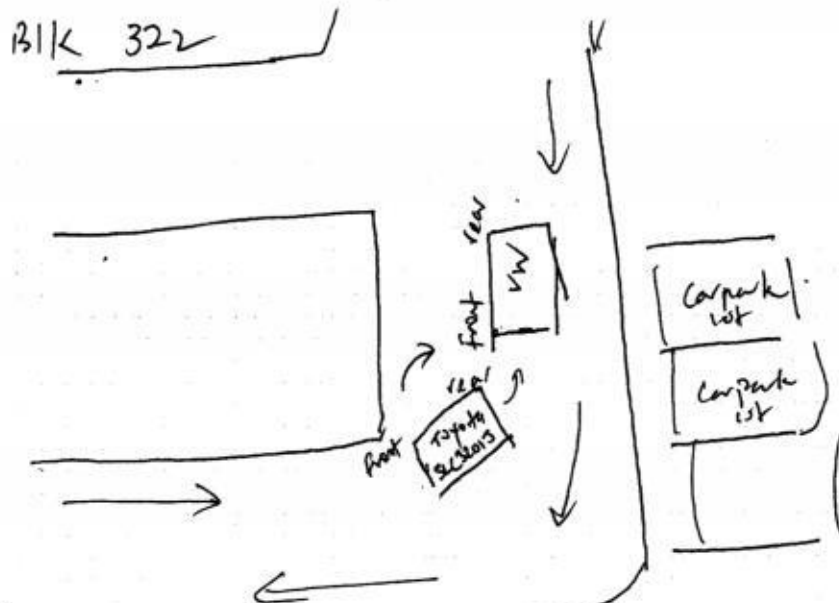
| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLC3201J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |

| | |
|-------------------------------------|-------------|
| Name of Driver | LIM KUA AMM |
| NRIC/Passport Number | S2757579Z |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened on 19 Jan. 2020 at about 10.55 am. I was the driver of VW Sharan SMJ 3540U. The accident happened in the carpark next to BK 322 of Clementi Ave 5.

I was behind the Toyota Vios (car plate SLC 3201J) and stopped behind it. The traffic appeared that the Toyota car stopped because of slow traffic in front of him. The driver of Toyota car suddenly reversed. My car was stationary at that point of time. At the reversing of Toyota was too fast for me to react and it hit the front bumper of my VW car. Immediately, the driver of Toyota shifted the car forward, and got out of the car to check the damage.

Toyota Vios driver: LIM KUA AMM S 2757579 Z
VW Sharan driver: SIM TONG BENH S 7032045 B

DECLARATION

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

Policyholder's Signature

Date & Time:

20.1.2020
0945h

Driver's Signature

(If driver is not the policyholder)

Date & Time:

20.1.2020
0945h

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

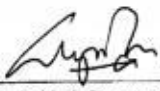
IMPORTANT NOTICE

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**.
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:

20. 01. 2020
1020 am


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

20. 1. 2020
1020 am


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

Date : _____

Dear Sir or Madam :

To whom it may concern,

RE: Authorization to act on behalf

Vehicle No.: SMJ 3570U

I, Camlyn Tan, bearing NRIC Number S7231523C,
would like to authorize Sim Tibing Benny, bearing NRIC
Number S7032045B, to act on my behalf for all documents
and repair for the above said vehicle.

Thank You.

Yours Sincerely,



.....
Signature

Accident Photo



Accident Photo



Accident Photo

