

ASS. REC. BY:

Steve

REF:

FWO

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Bal. or Market Value: _____

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: SKH 8154P Yr Regn: 18/3/13Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make: BMW 316i C.C. 1598Colour: Red A/C: ☒ Insured / ☐ Std / ☐ NI / ☐ NASp. Reading: 121608 T/Radio: ☒ Insured / ☐ Std / ☐ NI / ☐ NA

Eng/No: _____

C/No: WBAJA12052J719524Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 125/50R17R: 1

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

TOYO / YOKO or Pirelli

Front

Rear

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 6/4/20 D.O.I. 16/4/20

Survey held at _____

Des. of Damages: ☒ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or1 Rear RH

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

Date / Time	Action / Instruction
	MV- 49K Repair range 8K-9K 7 repair days

Date/Time, File Pass to?

☐

: Preli. 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

Photos

Others

TOTAL

Report Format: _____

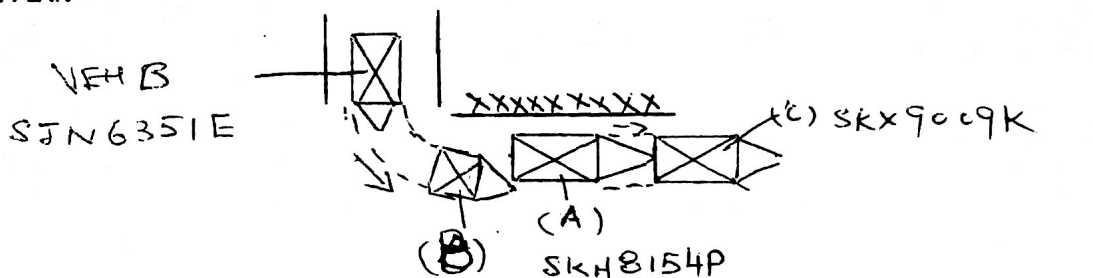
Lump Sum / L.B.I. (\$) _____

VEHICLE NO: SKH 8154P

MAKE & MODEL: BMW 316

DATE OF ACCIDENT	06 04 2020
TIME OF ACCIDENT	7.04 AM PM
LOCATION OF ACCIDENT	Outside of 21 SSSS LRU S288027
Exact Purpose use during accident	Self use
NAME OF OWNER	JASON XIE ZHIHAC
TELP NO	94742408
NRIC	S8952695J S8915269AJ
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
PRIVATE HIRE	YES / NO ?
INSURANCE CO.	ETIGA
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	MA 007540
NAME OF DRIVER	As above / If No.
NRIC	S8915269J Any passengers.
DATE OF BIRTH	13 / 05 / 1989
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	22 / 07 / 2008
GENDER	Male / Female
CONTACT NO.	94742408 Office: Home:
ADDRESS	21 SSSS LRU S288027
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No.
RELATIONSHIP	Employee / If No.
WEATHER CONDITION	Clear / Rainy / Other.
ROAD SURFACE	Dry / Wet / Other.
ANY INJURIES	No / If yes, Who?
CONTACT NO.	
POLICE REPORT	No / If yes, Where?
VEHICLE B NO. VEH(B)	SJN 6351E Any Passenger.
NAME	
CONTACT NO.	
VEHICLE C NO. VEH(C)	SKX 9009K Any Passenger.
VEHICLE D NO.	Any Passenger.
VEHICLE E NO.	Any Passenger.
VEHICLE F NO.	Any Passenger.
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	YES / NO
WAS THERE ANY AUDIO CAPTURE?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO
	JD Motorsports Pte Ltd
Mobile:	64514516
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 7.04 Pm as i was having dinner at home, i heard a loud crash. I went to the area outside my house where my car was parked. I realised that my parked car SKH8154P has been knocked by another vehicle SJN6351E.

The vehicle SJN6351E belongs to my neighbour who says or is sure. They inform me that the driver loss control of his vehicle while driving out of his house on which happened in the collision.

Due to the collision, my vehicle moved forward and hit another car parked (SKX9009K), who was also parked and stationary at that point in time.

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.:

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.: