

ASS. REC. BY:

REF:

CS/AG120005301/A483

ASSIGNMENT

66369100 Ann Teng

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.

N/S	O/S

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKW15672 Yr Regn: 2013 OCTType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz B200 c.c. 1595Colour: White A/C: Insured / Std / NI / NASp. Reading: 148734 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2462432J195278Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45 R17R: 225/45 R17BS / DUN / EXNOVA / GY / FS / LIZA MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 21/04/20Survey held at Premium CarzDes. 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

TP Budget Direct.

MV:

PV:

Nett:

US \$1300f (Red \$992-50, 43%)

2292-50

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

4/11/20 Typist

Report Format:

Lump Sum (L.S.): \$1300f

Days Of Repair: 1Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech. Insp (\$)

☐

: Weekend (\$)

Survey Fee:

Transportation:

S + PS \$

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	20/04/2020 13:34
Date Of Accident	19/04/2020 15:45
Exact Location Of Accident	EVERITT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1567Z
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Insured/Policyholder

Name Of Registered Owner	CLARENCE BHAGYA RAJ S/O TERENCE SELVARAJ
NRIC No	SXXXX144A
Email Address	CLARENCER1982@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81005577
Alternative Phone No	OFFICE-81005577

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B200-2.0 (A)
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-002883
Cover Note Number	

Driver

Name of Driver	CLARENCE BHAGYA RAJ S/O TERENCE SELVARAJ
NRIC No	SXXXX144A
Date Of Birth	10/07/1982
Occupation	OUTDOOR
Date Of Driving Pass	02/12/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81005577
Fax Number	
Contact Number	OFFICE-81005577
Email Address	CLARENCER1982@GMAIL.COM

Address	BLK 461 PASIR RIS DRIVE 4 #02-285
Postcode	510461
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	COLLISION - OPENING DOOR OF 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?	
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 ATTACHED REPORT.

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	SGW2266H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDREW
NRIC/Passport Number	
Contact Number	90028874
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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: 20/4/20
1305 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/4/20
1305 hrs

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

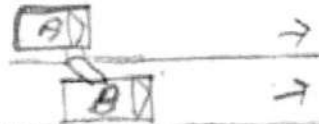
Sketch Plan #2

SKETCH PLAN

Vehicle A: SKW15672

B: SGW2266H

Everitt Road



Koon Seng Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/4/2020 at about 3.43pm, whilst I was travelling along Everitt Road, the rear left passenger of Vehicle B (SGW2266H) suddenly open the door and hit into the front right mirror of my vehicle A (SKW15672).

DECLARATION

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

Policyholder's Signature
Date & Time: 20/4/20
1305hrs
GIARMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 20/4/20
1305hrs

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





Co. Reg. No.: 201416720C
1 Kaki Bukit Ave 6 #01-90 Autobay@Kaki Bukit Singapore 417883
Tel : 6636 9100 Fax : 6636 9113

Date : 20/04/2020

TO: Auto & General Insurance (Singapore) Pte Limited
190 Clemenceau Avenue
#03-01 Singapore Shopping Centre
Singapore 239924

Our Customer : Clarence Bhagya Raj S/O Terence
Selvaraj

Vehicle No : SKW1567Z

Model : Mercedes Benz B200 AT ABS

Manufacture Year : 2013

Date of Accident : 19/04/2020

Total Estimate Repair Days : 2

Total Pages : 1

Attn : Motor Claims Department

Fax : 6725 0853

Re: Repair Estimate For Third Party Claim against SGW2266H

No.	Item Descriptions	Qty	Unit Price	Amount	Remarks From Surveyor
A.	Spare Parts				
1	Side mirror mechanism RH	1	\$868.00	\$868.00	/
2	Side mirror glass RH	1	\$499.00	\$499.00	*
3	Side mirror cover bottom RH	1	\$78.00	\$78.00	/
4	Side mirror cover w/signal lamp RH	1	\$380.00	\$380.00	/
5	Front door RH	1	repair	repair	X
	Total			\$1,825.00	
	Less 10%			\$182.50	
	Sub-Total 1			\$1,642.50	✓
B.	Labour				
1	To check wiring.			\$50.00	30
2	Panel beating charges to remove and replace, to cut and weld, to knock and reshape damaged parts & areas.			\$200.00	100
3	Spray painting all affected parts & areas.			\$400.00	100
	Total Labour			\$650.00	230
	Total Repair Cost			\$2,292.50	1872.50

- 201 -
1498

Yours faithfully,

Aun Teng
f Premium Carz Services Pte Ltd

Surveyor's Details	
Name	
Contact	
Survey Date	
Recommender	Authorize / Not Authorize
Before Paint	Yes / No