

ASS. REP. BY: Tough

REF:

CTI

ASSIGNMENT

CoE 2026 June
2006, June

From: _____ Date: _____

Estimated Cost: _____

OD / TP / AWS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

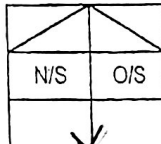
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 938K

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 PRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SDF 7477H Yr Regn: 2006Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: BMW 320I c.c. 1995Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 29/806 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAVA 76090NK 29912Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 13/7/2002/1045Survey held at BM Workshop

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

Estimation range of COR: \$3000-\$4000; 4 repair days.

16/07/20 Submit PRS.

Date/Time, File Pass to?

☐ : Prell. Report

1) 16/07 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Rep. Form: MER-PRS

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

Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + 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 22/06/2020 10:55
Date Of Accident 20/06/2020 13:45
Exact Location Of Accident JUNCTION OF AIRPORT ROAD / PAYAR LEBAR ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDF7477H
Insured/Policyholder
Name Of Registered Owner RONNIE LEE CHENG TAT
NRIC No SXXXX176F
Email Address RONNIE@MOVIOLA.COM.SG
Mobile Phone No (LOCAL) +65-96185955
Alternative Phone No OFFICE-NOPHONE

Vehicle Particulars

Manufacturer BMW
Model 320I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident PRIVATE
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 COMPREHENSIVE
Fleet Policy NO
Policy Number GA111108/1
Cover Note Number

Driver

Name of Driver RONNIE LEE CHENG TAT
NRIC No SXXXX176F
Date Of Birth 14/04/1962
Occupation INDOOR
Date Of Driving Pass 27/09/1986
Driving Experience 33 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96185955
Fax Number
Contact Number OFFICE-NOPHONE
Email Address RONNIE@MOVIOLA.COM.SG

Address 21 KIM YAM ROAD #08-02
Postcode 239332
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 -
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) 2
Passenger 1
NAME : JAKE LEE KAI EN
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 SJT9025X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver WONG LIANG TANG
NRIC/Passport Number
Contact Number 9186 8618
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: 30F 7477H
ACCIDENT DATE: 20/06/2020 @ 11:15

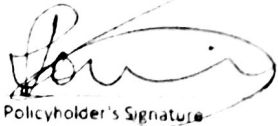
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

NOTE: DO NOT THAT YOU MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.


Policyholder's Signature

Date & Time

22/06/2020

10:10 am

Driver's Signature

(if driver is not the policyholder)

Date & Time

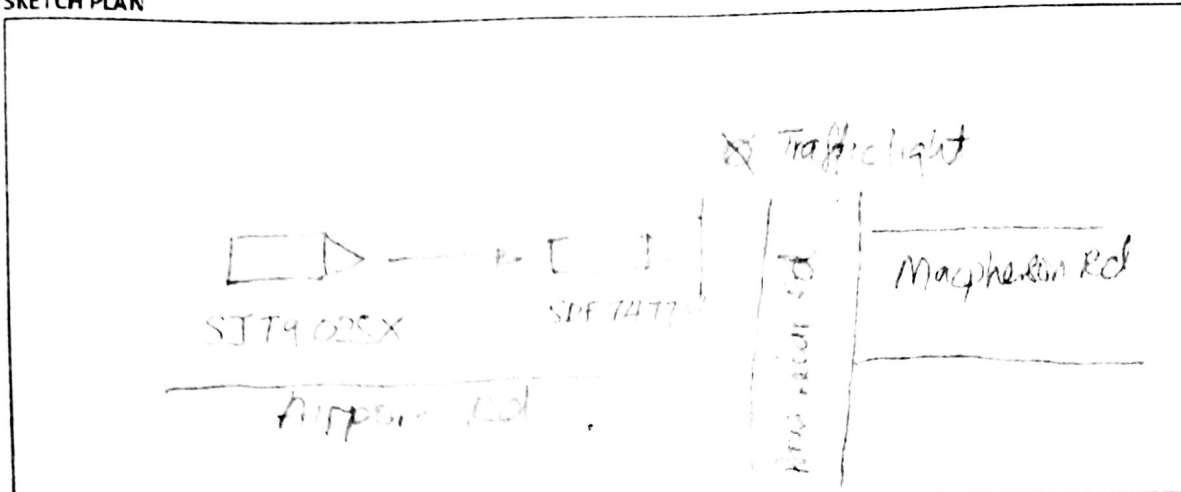
CHARN'S CUSTOMCRAFT

Reporting Centre Personnel's Signature

Name

NRIC/FIN No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Saturday 20 June 2020, at about 1346 hrs, I, Pami Lee (Cheng) driver of vehicle SPF 1477H, was travelling along Hippin Road towards Macpherson Road. I stopped at the junction of Hippin Road and Paya Lebar Road traffic light stop. Suddenly, a vehicle hit me from the back. There's no injury. It's only person stopped in the back seat behind and myself. I exchanged contact with the driver of SJT9025X, Mr. Wong King Tung. And also took photos of the accident. My bumper was dented and paint chipped off.

OWN DAMAGE () 3RD PARTY CLAIM () REPORTING ONLY () OWN WORKSHOP (✓)

DECLARATION

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


Policyholder's Signature

Date & Time:

22/06/2020
10.10 am

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

CHARN'S CUSTOMCRAFT

Reporting Centre Person's Signature
Name
NRIC/SIN No