

ASS. FILED BY:

GEN:

CS/CTI20007259/Aqf3

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: _____

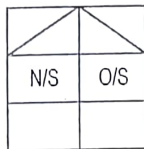
Policy No. **DMCVSNW00018892001**Claims No. **SNM20D202397**

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **6** 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:

SLG1582B Yr Regn: **2016 / Sept**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mit LancerC.C. **1590**

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

86/886

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JMYSRCY1AGU005895Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Good** / Jammed / Leaked / Burnt orBrake: **Good** / Jammed / Leaked / Burnt orModi: **NI / S/Rim** / STD A/Rim or

Tyre Size:

F:

205/60 R16

R:

205/60 R16

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

TOYO / **YOKO** or

Front

Rear

R/Bal.

db

mm

R/Bal.

db

mm

L/Bal.

db

mm

L/Bal.

db

mm

D.O.A.

D.O.I.

14/07/20

Survey held at

Tip Top Auto.

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

Rear N/S, U/C

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

Date / Time

Action / Instruction

TP Ching.**16/07/20@12.51pm Informed Ben Tang, we are pending estimate from repairer.****11/08/20@2.26pm revised to Ben Tang by email.****MV :****PV :****Nett :****LS \$4600, 6 days (Red \$5517.80, 55%)**

Date/Time, File Pass to?



: Preli. Report

1) **13/08 Typist**

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **6**Resurvey No. of Trip: **3**

Survey Fee:

Transportation:

S + RS, SI

Photos

Other:

TOTAL

Report Format:

MER-TPLump Sum **4600**

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Night and (\$

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 09/07/2020 17:21
Date Of Accident 09/07/2020 14:30
Exact Location Of Accident CLIVE STREET TOWARD HASTINGS ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG1582B
Insured/Policyholder
Name Of Registered Owner QUEK SER KHOON
NRIC No SXXXX568I
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-90287447
Alternative Phone No OFFICE-90287447

Vehicle Particulars

Manufacturer MITSUBISHI
Model LANCER EX 1.6 AT LED TAIL LAMP

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? YES

If No, Please state action to be taken
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number GA349986/1
Cover Note Number

Driver

Name of Driver RAMAIYAN ARIVALAGAN
NRIC No SXXXX728D
Date Of Birth 12/06/1980
Occupation INDOOR
Date Of Driving Pass 20/02/2003
Driving Experience 17 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98176021
Fax Number
Contact Number

Address	BLK 298 YIHSUN ST 20 #09-51 SINGAPORE
Postcode	760298
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	WET

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 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	GBH2444Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	FXXXX131W
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

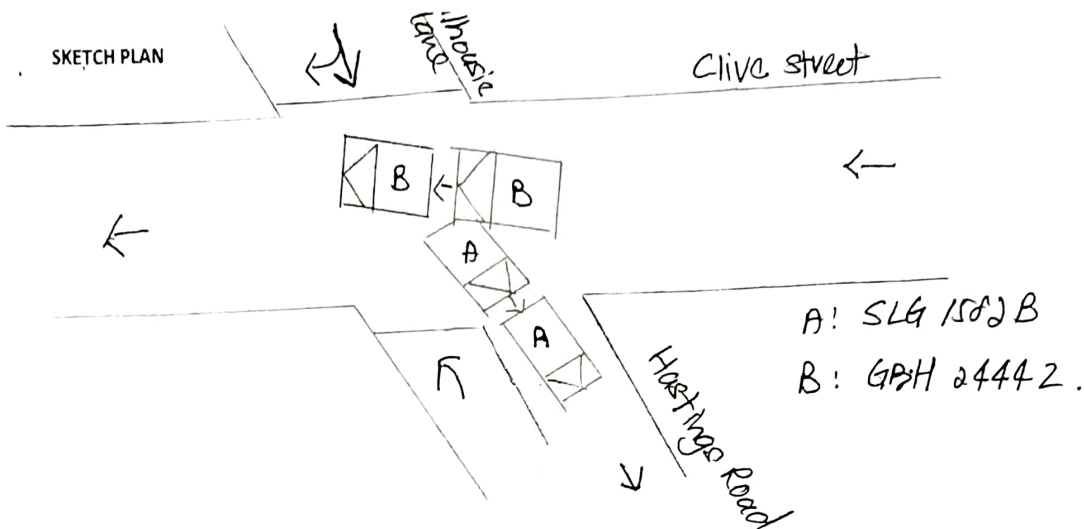
Policyholder's Signature
Date & Time:

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

09/07/2020

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





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 09/07/2020 at about 1430hrs, I was travelling along Clive Street toward Hastings Road. When I enter the junction of Hastings Road, a vehicle no: GPH 2444 Z coming from Clive Street on the opposite direction without notice my vehicle and collided into my rear left side of my car. After the accident, he asked me to claim the insurance company.

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:

09/07/2020

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





Mitsubishi Lancer : 2007-18 : Rest of World - except Rough Road Suspension
4-Wheel Total Alignment

Front : Left

Actual	Before	Specified Range
-0°12'	-0°12'	-0°35' 0°25'
2°41'	2°41'	2°10' 3°10'
0°05'	0°05'	-0°02' 0°06'
14°09'	14°09'	12°00' 15°00'
13°57'	13°57'	11°25' 15°25'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
0°11'	0°11'	-0°35' 0°25'
2°51'	2°51'	2°10' 3°10'
-0°10'	-0°10'	-0°02' 0°06'
13°32'	13°32'	12°00' 15°00'
13°42'	13°42'	11°25' 15°25'

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	Before	Specified Range
-0°23'	-0°23'	-0°30' 0°30'
-0°10'	-0°10'	-0°30' 0°30'
0°38'	0°38'	
-0°05'	-0°05'	-0°04' 0°12'

Rear : Left

Actual	Before	Specified Range
-2°37'	-2°37'	-1°25' -0°25'
-0°25'	-0°25'	0°02' 0°13'

Camber
Toe

Rear : Right

Actual	Before	Specified Range
-0°41'	-0°41'	-1°25' -0°25'
-0°02'	-0°02'	0°02' 0°13'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	Before	Specified Range
-1°56'	-1°56'	-0°30' 0°30'
-0°27'	-0°28'	0°04' 0°26'
-0°11'	-0°11'	