

ASS. REC. BY:

REF:

A/G / 200081701ke

Kenneth

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:

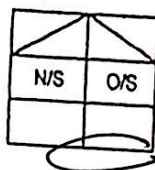
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



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

Merlin

Date / Time

Action / Instruction

Est not ready.

Date/Time, File Pass to?

☐

Prel. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Veh No:

SFF 25 B

Yr Regn:

03, 14

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

Truck / Trailer or

Make:

BMW 520i

c.c

1997

Colour

M.D. Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

167853

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA5A320100334089

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

245/45ZR18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

5/8/20

D.O.I.

11/8/2020

Survey held at

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

Rear o/s

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

Report Format :

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

Scanned with CamScanner

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 05/08/2020 14:05
Date Of Accident 05/08/2020 07:20
Exact Location Of Accident YIO CHU KANG RD TURNING UPPER THOMSON RD TWD CITY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFF25B
Insured/Policyholder
Name Of Registered Owner PHUA MEI FANG
NRIC No SXXXX521C
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-82289789
Alternative Phone No OFFICE-82289789

Vehicle Particulars

Manufacturer BMW
Model 520I AT D/AB 2WD 4DR LED NAV
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 LIBERTY INSURANCE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number SD18V09488/VPC2/R00
Cover Note Number

Driver

Name of Driver TAN KIAN LING
NRIC No SXXXX256A
Date Of Birth 24/08/1973
Occupation INDOOR
Date Of Driving Pass 02/08/1993
Driving Experience 27 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-82289789
Fax Number
Contact Number
Email Address KIANLTAN@GMAIL.COM

Address 25 DEDAP ROAD
Postcode 809429
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 SKC25H
Insurance Company of Driver's Own Vehicle CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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) 3
Passenger 1
NAME: : TAN TECK MING
GENDER: : MALE
Passenger 2
NAME: : TAN TEANG ZUN
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

Please refer to Sketch Plan.

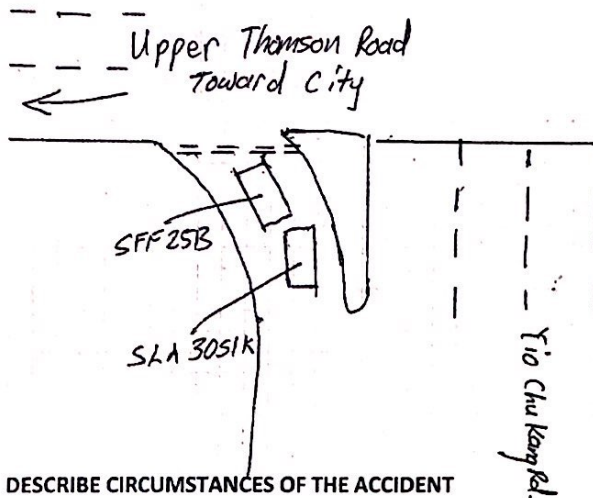
Attachment(s)

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 SLA3051K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

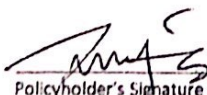
On Wednesday 5th of August at about 7.20am, the weather was dry and traffic was heavy.

As I was travelling along Yio Chu Kang Road turning into the slip road to Upper Thomson Road toward the city. I slowed down as I was approaching the slip road. I stopped at the double dotted line waiting for clear of traffic. Suddenly there was a great impact from the rear and my vehicle SFF 25B move forward.

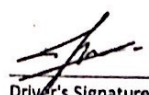
Upon investigation, the rear silver vehicle SLA 3051K had hit my rear end.

DECLARATION

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


Policyholder's Signature

Date & Time: 05 AUG 2020


Driver's Signature

(If driver is not the policyholder)
Date & Time: 05 AUG 2020



Reporting Centre Personnel's Signature

Name: Tricia Coons
NRIC/FIN No.: 05 AUG 2020