

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. **DMHCSN30658819000**
 Claims No. **SNM20D203046C02**
 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: **4** 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: **SLU5746X** Yr Regn: **2017, Dec.**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Mercedes Benz GLA 200 c.c** **1595**
 Colour: **Red.** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **18543** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **WDC1569432 J376928**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / St Rim / STD A/Rim or
 Tyre Size: F: **235/50R18**
 R: **235/50R18**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / XOKO or
 Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **28/08/20**
 Survey held at **Automobile Hub.**
 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
	TP China.

31/08/20@11.40am Informed Irene Tay, we are pending estimate from repairer.

22/09/20@10.11am revised to Irene Tay via Merimen.

MV:

PV:

Nett:

LS \$5800, 4 days (Red \$9338.10, 62%)

Date/Time, File Pass to?



Preli. Report

1) 22/09 Typist



Final Report

Date/Time, File Return to?

2)

Addl Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Meet and (\$

Days Of Repair: **4**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + PS. SI

Photos

Others

TOTAL

Report Format: **MER-TP**Lump Sum: **5800**

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	26/08/2020 10:43
Date Of Accident	25/08/2020 18:45
Exact Location Of Accident	GOPENG ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5746X
Insured Policyholder	
Name Of Registered Owner	NG SIEW LING ALICIA
NRIC No	SXXXX322D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93628852
Alternative Phone No	OFFICE-93628852

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA200 URBAN (R18 LED)
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	DMPPHQ19-007503
Cover Note Number	

Driver

Name of Driver	CHARLES JOSEPH FERNAND POIRON
NRIC No	SXXXX263D
Date Of Birth	16/01/1989
Occupation	INDOOR
Date Of Driving Pass	18/10/2018
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97707425
Fax Number	
Contact Number	OFFICE-97707425
EEmail Address	NOEMAIL

Address	BLK 10 JALAN BATU #06-16
Postcode	431010
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
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: : NG SIEW LING ALICIA GENDER: : FEMALE

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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ1177L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

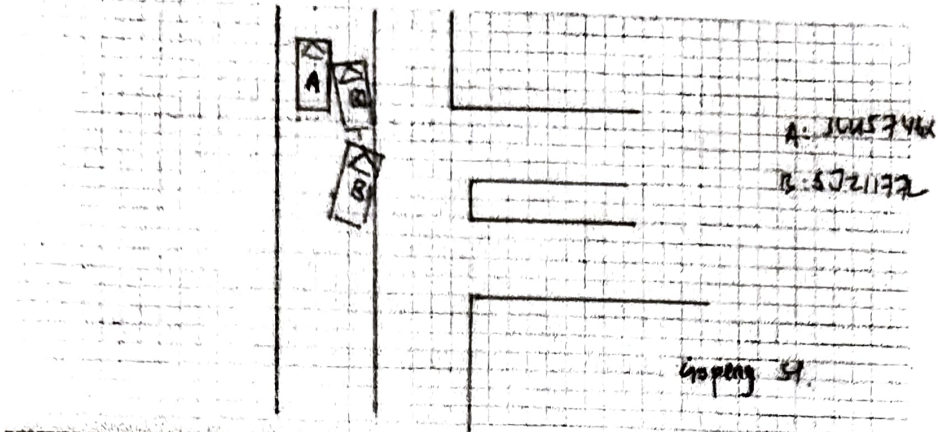
Name
CHARLES JOSEPH FERNAND POIRON
Approximate Age
Injuries Sustain
BODY
Injured person in which vehicle?
SLU5746X
Were seat belts worn?
YES
Was this injured conveyed to hospital by
ambulance?
NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name
NG SIEW LING ALICIA
Approximate Age
Injuries Sustain
BODY
Injured person in which vehicle?
SLU5746X
Were seat belts worn?
YES
Was this injured conveyed to hospital by
ambulance?
NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Hated date and time, after I exited from the carpark to the 1

I was travelling straight along Gosport St. I noticed that vehicle B was

on the right side and he turn on his vehicle indicator light. So

I turned on the left side. Suddenly vehicle B cut across back in - I

tried to turn him however his vehicle left portion hit against

to my vehicle right portion.

DECLARATION

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

Policyholder's Signature

Date & Time:

20/06/2016 14:57:46

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/PIN No.: