

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. **C10007224**
 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 **5** 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: **SLW 93667** Yr Regn: **2018 / March.**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai Elantra** C.C. **1591**
 Colour: **Silver** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **61953** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **KMHHD841CMJU645461**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: **205/55R16**
 R: **205/55R16**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Roadstone**
 Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **09/09/20**
 Survey held at **Vision**
 Des. of Damages: **Frnt / Rear / O/S / N/S / U/C / Rooftop** or
Reas o/s.
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	TP Budget Discol.
	MV :
	PV :
	Nett :
	LS \$2800, 5 days (Red \$7590.24, 73%)

Date/Time. File Pass to?



: Preli. Report

16/10 Typist



: Final Report

Date/Time. File Return to?

2)

Report Formed :

TP

Emp. No. / S. No.

2800

Days Of Repair: **5**Resurvey No. of Trip: **1**Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp (\$☐ : Meet and (\$

Survey Fee:

Transportation:

3 + PS \$1

Photo:

Other:

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	07/09/2020 13:03
Date Of Accident	05/09/2020 16:10
Exact Location Of Accident	OPEN CAR PARK OF BLOCK 649 WOODLANDS RING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9366Y
Insured/Policyholder	
Name Of Registered Owner	PANEARSELVAN S/O VEERAPPAN
NRIC No	SXXXX357E
Email Address	VIPSELVAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97982831
Alternative Phone No	OFFICE-97982831

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (A)

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? 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	VPA/P2094691
Cover Note Number	

Driver

Name of Driver	PANEARSELVAN S/O VEERAPPAN
NRIC No	SXXXX357E
Date Of Birth	12/03/1958
Occupation	INDOOR
Date Of Driving Pass	08/03/1984
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97982831
Fax Number	
Contact Number	
Email Address	VIPSELVAN@GMAIL.COM

Address	BLK 749 WOODLANDS CIRCLE #07-602
Postcode	730749
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
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)	0

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	SGZ1937X
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)	

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.

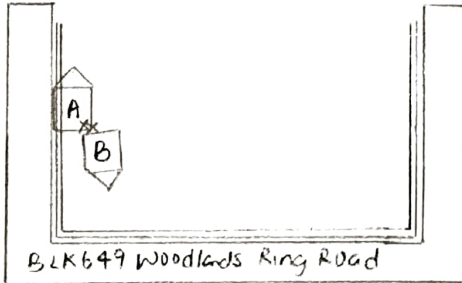

Policyholder's Signature
Date & Time:


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


Reporting Centre Person's Signature
Name: 
NRIC/TIN No :

Sketch Plan Pg. 2

SKETCH PLAN



A = SLW 9366Y

B = SGZ 1937X

Open Carpark of
BLK 649 Woodlands Ring Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

Name: <u>Procurse van SLV Vastappen</u> (Driver/Owner/Insurer) NRIC No: <u>SLB28357E</u> Vehicle No: <u>SLW 9366Y</u> Is it used as above stated Salvaged vehicle? <input type="checkbox"/> Company Name: <u>Yuan Hee Works</u> For any vehicle damage repairs and insurance claims I/We hereby warrant that on this date I/We own the vehicle and am/are authorised to make this report. Signature of Driver/Owner/Insurer Date: <u>10/01/2024</u>		Signature of Reporting Centre Personnel Name: <u>[Signature]</u> NRIC/EP's No: <u>[Signature]</u>
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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:

Reporting Centre Personnel's Signature
Name:
NRIC/EP's No:



On 05.09.2020 at about 15:00 hours, I parked my vehicle (A) at Open Carpark of Block 649 Woodlands Ring Road. When I returned to my vehicle (A) at about 18:00 hours, I noticed there was a note on my windscreen.

After reading the note, I went around to inspect my vehicle (A) and found damages on my rear right portion. I called the driver of vehicle (B) and he admitted that on 05.09.2020 at about 16:10 hours, he had accidentally collided onto my vehicle (A) thus causing damages on rear right side portion of my vehicle (A) and thus he left a note at my windscreen to inform me.

Vehicle (A): SLW 9366Y

Vehicle (B): SGZ 1937X

A handwritten signature in black ink, appearing to be 'S. J. Lee', is written over the text for Vehicle (B).