

ASS. REC. BY:

Stev

REF:

CS3/ASM20011319/ESF3

ASSIGNMENT

From:

Date:

Estimated Cost:

OD ☒ TP ☒ WS ☒ TP RES ☒ OD RES ☒ EVA ☒ INV ☒ MY

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.

N/S	O/S

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

Veh No:

SKO 4573K

Yr Regn:

1/12/11

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

Truck / Trailer or

Make:

Mercedes Benz C180

c.c 1597

Colour:

Silver

A/C:

Insured / Std / NI /

Sp. Reading

147994

T/Radio:

Insured / Std / NI /

Eng/No:

C/No:

W 002940452 A 629 786

Gen. Cond: Good / ☒ Fair / ☐ Poor / ☐ BurntSteering: In order / ☒ Jammed / ☐ Leaked / ☐ Burnt orBrakes: In order / ☒ Jammed / ☐ Leaked / ☐ Burnt orModl: Nil / ☒ S/R / ☐ STD A/R / ☐ or

Tyre Size:

F:

915/50R16

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

L/Bal.

5

mm

L/Bal.

5

D.O.A.

17/12/20

D.O.I.

29/12/20

Survey held at

Des. of Damages: Frt / ☒ Rear / ☐ O/S / ☐ N/S / ☐ UIC / ☐ Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MV-30K

Repair 100% TK-8K
: 5 hrs dep

Date/Time, File Pass to?

21/10/2020

TYPIST

Date/Time, File Return to?

☐

: Prel. Report

☒

: Final Report

Days Of Repair: 5

Resurvey No. of Trip: -

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Pop. Formed:

PRS

Lump Sum / L.B.L. /

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 16/10/2020 15:16
Date Of Accident 16/10/2020 08:30
Exact Location Of Accident BLK 166 BUKIT BATOK WEST AVE 8 (OPEN CARPARK)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD4573K
Insured/Policyholder
Name Of Registered Owner LEE LAN YIN
NRIC No SXXXX142H
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-91442804
Alternative Phone No OFFICE-91442804

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model C180

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 EQ INSURANCE COMPANY LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number DMPPHQ19-007299
Cover Note Number

Driver

Name of Driver LEE LAN YIN
NRIC No SXXXX142H
Date Of Birth 08/05/1959
Occupation INDOOR
Date Of Driving Pass 28/08/1978
Driving Experience 42 YEARS AND 1 MONTH
Gender FEMALE
Mobile Number (LOCAL) +65-91442804
Fax Number
Contact Number OFFICE-91442804
Email Address NOEMAIL

Address 15 HUME AVE #06-01
 Postcode 598725
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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) 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

ON 16/10/2020 AT ABOUT 0830HRS, I WENT TO PICK UP MY CAR (SKD4573K) AT OPEN CARPARK AREA OF BLK 166 BUKIT BATOK WEST AVE 8. AFTER I BOUGHT MY STUFF, I SAW A BUS (PA6540Z) STATIONARY IN FRONT OF MY CAR AND THE BUS DRIVER IS WAITING FOR ME. THE BUS DRIVER STATED TO ME THAT HIS BUS COLLIDED ONTO MY CAR AND I SAW MY CAR RONT LEFT PORTION WAS DAMAGED. I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B'S INSURANCE FOR MY ACCIDENT DAMAGES.

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 PA6540Z
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver KAMARUDIN
 NRIC/Passport Number
 Contact Number 84327556
 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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.
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 insurers) 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 claim;
 - (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' lawyer/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 lawyer/law firms), which may be situated 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:

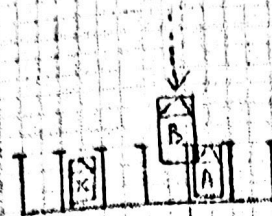

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Person's Signature
Name:
NIC/FIN No.:

16/11/20
12:45 PM

Freeze

SKETCH PLAN



(A) SKD 4573K

(B) PA 65402

31116 B.F. Bartok

West Ave. 2

(Open Car Parks)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/10/2020 @ about 07:30hrs, I went to pickup my car (SKD 4573K) at open car park Area of 31116 B.F. Bartok West Ave 2. I brought my self. I saw a bus (PA 65402) stationing in front of my car and the bus driver is waiting for me. The bus driver stated to me that his bus collided with my car and I saw my car front left portion was damaged. I hereby lodge this report to claim against with B's insurance for my accident damage.

DECLARATION

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

Police Officer's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/10/2020
12:45pm

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