# ASSIGNMENT

From Dale:	Veh No: SKV9289A, Yr Regn: 2019, July,				
Estimated Cost:	Type: M.Car ) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
To Inspect Vehicle No:	Make: Meredes Benz GLA18000 1595				
at Workshop m/s	Colour While A/C: Insured / Std / NI / NA				
of	Sp.Reading 26246 T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.	C/No: WDC 1569422J637589				
Claims No.	Gen. Congr. Good / Fair / Poor / Burnt				
Sum Insured: Excess:	Steering Inorder / Jammed / Leaked / Burnt or				
(Client's Record)	Brake: (Inorder) Jammed / Leaked / Burnt or				
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or				
	Tyre Size: F: 235/50R8				
(Policy Condition)	R: 235/50R18				
Remark: The veh had commenced its N/S O/S					
repair at the time of inspection.	TOYO/YOKO or Continental				
Bal. or Market Value:	<u>Front</u> Rear				
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. 26 mm				
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm				
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 03/11/20.				
Lum Sum: % 3 Val.: Yes or No	Survey held at CAS Garage				
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or				
Vehicle: IN / OUT	Front NS.				
Date: Person Contacted:	The U/C / Chassis frame // Body Structure affected due to collision.				
Date / Time   Action / Instruction					
IP Figo.					
m∨ :					
PV:					
Nett;					
Dale/Time, File Pass to? : Preli. Report	Days Of Repair:				
) : Final Report	Resurvey No. of Trip: Survey Fee:				
Date/Time. File Petrm to:	Transportation				
a Aria Fee	: : Site Insp (\$ )3+Ps3				
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Long-Count (Chiese)	Meat sus 12				

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 witholding of material facts may allow insurance companies to
- 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.
- 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. 5. Any false reporting may be referred to the Police for investigation.
- 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.

aforesaid.	ACCIDENT STATEMENT	
	30/10/2020 13:59	
Date Of Report	30/10/2020 09:25	
Date Of Accident	23 DEFU LANE 4	
Exact Location Of Accident	SINGAPORE	bics wit had seen played her
Country/State of Loss	DETAILS OF OWN VEHICLE	
	SKV9299A	
Vehicle Registration Number		
Insured/Policyholder	LEE YANG HENG, ALBAN	
Name Of Registered Owner	SXXXX568E	
NRIC No	NOEMAIL	
Email Address	(LOCAL) +65-91442600	
Mobile Phone No	OFFICE-91442600	
Alternative Phone No	OFFICE-91442000	
Vehicle Particulars	250 DENZ	
Manufacturer	MERCEDES-BENZ	
Model	GLA180 URBAN (R18 LED)	
Exact Purpose for which vehicle was being used time of accident		
Are you claiming under your own insurance pol for repair to your vehicle?		
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	SD20V03017/VPC/R00	
Cover Note Number		
Driver		IO ALDANI)
Name of Driver	LEE YANG HENG, ALBAN (LI XIANGXIN	NG, ALBAN)
NRIC No	SXXXX568E	
Date Of Birth	16/06/1975	
Occupation	INDOOR	
Date Of Driving Pass	16/08/1996	
Driving Experience	24 YEARS AND 2 MONTHS	
Gender Canada Ca	MALE	
Mobile Number	(LOCAL) +65-91442600	
Fax Number		
Contact Number	OFFICE-91442600	
Contact Number		

NOEMAIL

BLK 298D COMPASSVALE STREET Address

#11-56

NO

1

NO

NO

544298 Postcode

Was driver an employee of the Insured's Company NO

**OWNER** If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD ON COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO

Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

**GBH7128D** Vehicle Registration Number TOYOTA DYNA

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

# SKETCH PLAN

# IMPORTANT NOTICE

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- 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.
- Any false reporting may be referred to the Police for investigation.
- 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
  - (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
- (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
- 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.
- 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.

der's Signature

Driver's Signature

(if driver is not the policyholder)

Date & Time

Reporting Centre Perso Name

NEIC/FIN NO

# Accident Sketch Plan

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AVE 10 ) ON	land S. (extreme LA). Vehicle B against flow to	
and hit on	to my vehicle front LH portion I felt my	neck
Und Inj	It don't or later.	
and back f	bain might consult doctor later.	
	11/4	
	-V3669	
	10-21/20	
	A A A A A A A A A A A A A A A A A A A	
- PARK		
	, 35 NEE EV -	
DECLARATION	g particulars are true in every respect.	
I/weddedure the foregoing		