

ASS. REC. BY:

REF:

A19

ASSIGNMENT

From:

Date:

2-12-20

Estimated Cost:

OD (TP) WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SMU 7024x

at Workshop m/s

Ealia Auto workz

of

51 WA AVE 1 #01-04

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:

\$97K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

imp

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMU 7024X

Yr Regn:

6-2022

28 Feb 2012

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

Truck / Trailer or

Make:

BMW M5

C.C.

4395

Colour:

orange

A/C:

Insured / Std / NI / NA

Sp. Reading

65796

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBSFV 92020G 582283

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

295/30 ZR20

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

02-12-20

Survey held at

w/s

10:30

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

col: 646as

Body injured.

Submit DAR Report

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

7

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Report Format:

Lump Sum / L.B. (\$

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 Submission	30/11/2020 17:26 (SGT)
Date of Accident	27/11/2020 14:15 (SGT)
Exact Location of Accident	Changi Business Park Vista, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU7024X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOH CHUAN WEN LIONEL
NRIC No	SXXXX150E
Email Address	LIONELCW.LOH@GMAIL.COM
Mobile Phone No	(Phone) +65-91074065
Alternative Phone No	+65-91074065

VEHICLE PARTICULARS

Manufacturer	BMW
Model	M5
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	EQ
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	LOH CHUAN WEN LIONEL
NRIC No	SXXXX150E
Date Of Birth	23/07/1986
Occupation	Indoor

Date Of Driving Pass	02/07/2018
Driving experience	2 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91074065
Alt. Phone Number	+65-91074065
Email Address	LIONELCW.LOH@GMAIL.COM
Address	BLK 109 BUKIT PURMEI ROAD #08-139
Address complement	-
Postcode	090109
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YAP XIAO TING PHILANA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SMV9315M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE PAK KHENG

-	SXXXX186D
Contact Number	(Phone) +65-82887736
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOH CHUAN WEN LIONEL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMU7024X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YAP XIAO TING PHILANA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMU7024X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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 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 pursuant 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 Insurer's 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 inquiries 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/also 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 used 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 (a) 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:

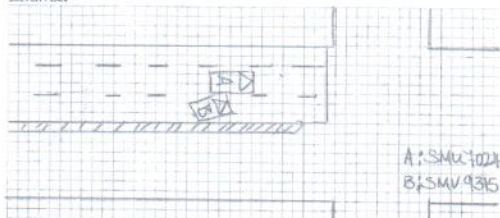


Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NIC/PIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT ABOUT 2:15 PM ON 27/11/2020, I WAS DRIVING ALONG CHANGI BUSINESS PARK VISTA CENTRAL TOWARDS A STOP AT A TRAFFIC LIGHT JUNCTION. I WAS IN THE MIDDLE LANE COMING TO A STOP WHEN I SUDDENLY HEARD A LOUD BANG FROM THE REAR RIGHT OF MY VEHICLE. THEN I SAW VEHICLE B DRAG ALONG THE SIDE OF MY DRIVER DOOR A FEW METERS BEFORE WE FINALLY CAME TO A STOP. I CAME DOWN OF MY VEHICLE TO CHECK THE CONDITION OF MY CAR AND TOOK SOME PHOTOS OF THE ACCIDENT SCENE FOR EVIDENCE. I WANT TO ADD ON THAT THE PHOTOS WERE TAKEN NOT ON THE IMPACT, BUT AFTER A REASONABLE DISTANCE AS THE DRIVER DID NOT STOP IMMEDIATELY. I DID NOT OBSERVE ANY VISIBLE INJURY AT THE TIME OF ACCIDENT UNTIL THE NEXT DAY, I EXPERIENCE A SHARP PAIN IN MY NECK AND MY PASSENGER HAS PAIN IN HER LEFT SHOULDER.

DECLARATION

(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:



Reporting Centre Person's Signature

Name:

NBC/PIN No:

IMAGES



IMAGES #2



IMAGES #3

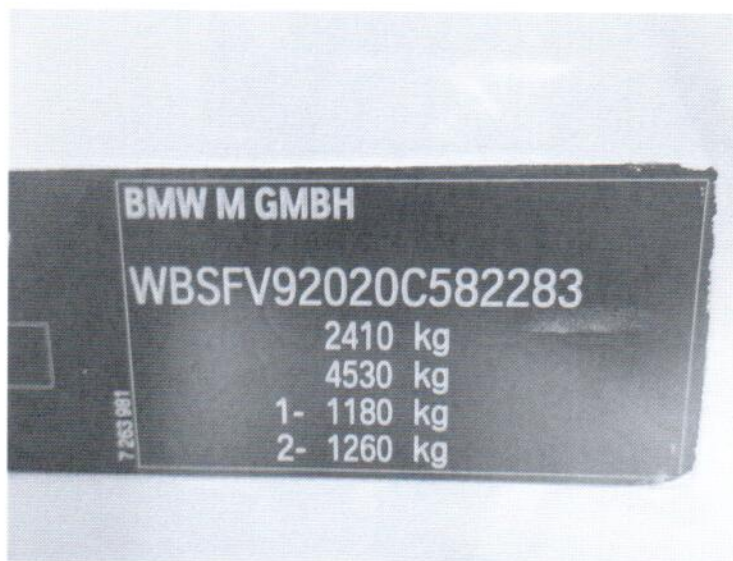


IMAGES #4



IMAGES #5





IMAGES #7



IMAGES #8



(01) Bent (2) Dented (3) Distorted (4) Cracked (5) Cut (6) Scratched
(07) Deformed (08) Shifted (09) Buckled (10) Broken (11) Necessary
(12) Missing (13) Torn (14) Unconfirmed (15) Not Working

MOTOR CAR (UC)

(1) Replace (✓) (2) Repair (X) (3) Check (✓)
(4) Not Consistent (NC)

Undercarriage

70 Days.

Vehicle No: SMU 7024X

NAC	INC	Item	CON	AC	Qty
1372	995163	Frt LH Shock Absorber			
1373	991944	Frt LH Shock Absorber Mounting			
1374	990632	Frt LH Coil Spring			
1375	995198	Frt LH Knuckle Arm			
1376	995199	Frt LH Knuckle Arm Bearing			
1377	995178	Frt LH Lower Arm			
1378	995169	Frt LH Upper Arm			
1379	995183	Frt LH Tie Rod			
1380	995143	Frt LH Drive Shaft			
1381	990661	Frt LH Control Arm			
1382	992062	Frt LH Trailing Arm			
1383	991848	Frt LH Leaf Spring			
1384	991293	Frt LH Brake Disc Rotor			
1385	991281	Frt LH Brake Caliper			
1386	991292	Frt LH Brake Pipe			
1387	991287	Frt LH Brake Hose			
1388	991295	Frt LH Brake Sensor Wire			
1389	991989	Frt Stay Bar Bracket			
1390	994455	Steering Rack & Pinion			
1391	994435	Steering Cross Member			
1392	994519	Frt Sub Frame			
1393	992003	Frt Sub Frame Mounting			
1394	991217	Frt Anti Roll Bar			
1395	991219	Frt Anti Roll Bar Linkage			
1396	990887	Engine Block			
1397	990890	Engine Block Gasket			
1398	990972	Engine Oil Sump			
1399	990960	Engine Oil			
1400	992224	Gear Box Assy			
1401	992229	Gear Box Gasket			
1402	992241	Gear Box Oil Sump			
1403	992257	Gear Oil			
1410	990534	Centre Exhaust Pipe Assy			
1411	990532	Centre Exhaust Mounting			
1404	991134	Floor Panel			
1405	993719	Rear LH Shock Absorber			
1406	993723	Rear LH Shock Absorber Mounting			
1407	993170	Rear LH Coil Spring			
1408	993550	Rear LH Knuckle Arm			
1409	993551	Rear LH Knuckle Arm Bearing			
1410	993597	Rear LH Lower Arm			
1411	993884	Rear LH Upper Arm			
1412	995161	Rear LH Drive Shaft			
1413	995216	Rear LH Control Arm			
1414	993881	Rear LH Trailing Arm			
1415	993573	Rear LH Leaf Spring			
1416	992941	Rear LH Brake Disc Rotor			
1417	992937	Rear LH Brake Caliper Assy			
1418	990434	Rear LH Brake Pipe			
1419	992946	Rear LH Brake Hose			
1420	993819	Rear Sub Frame			
1421	993820	Rear Sub Frame Mounting			
1422	992813	Rear Anti Roll Bar			
1423	990168	Rear Anti Roll Bar Linkage			
1424	990202	Axle Beam			
1425	990170	Rear Axle Panhard Rod			
1426	990810	Differential Assy			
1427	992706	Propeller Shaft			

NAC	INC	Item	CON	AC	Qty
1428	991935	Frt RH Shock Absorber			
1429	991944	Frt RH Shock Absorber Mounting			
1430	990632	Frt RH Coil Spring			
1431	991844	Frt RH Knuckle Arm			
1432	991845	Frt RH Knuckle Arm Bearing			
1433	991851	Frt RH Lower Arm			
1434	992064	Frt RH Upper Arm			
1435	992040	Frt RH Tie Rod			
1436	991692	Frt RH Drive Shaft			
1437	990661	Frt RH Control Arm			
1438	992062	Frt RH Trailing Arm			
1439	991848	Frt RH Leaf Spring			
1440	991293	Frt RH Brake Disc Rotor			
1441	991281	Frt RH Brake Caliper			
1442	991292	Frt RH Brake Pipe			
1443	991287	Frt RH Brake Hose			
1444	991295	Frt RH Brake Sensor Wire			
1445	993720	Rear RH Shock Absorber			
1446	993723	Rear RH Shock Absorber Mounting			
1447	993173	Rear RH Coil Spring			
1448	993550	Rear RH Knuckle Arm			
1449	993551	Rear RH Knuckle Arm Bearing			
1450	993601	Rear RH Lower Arm			
1451	993885	Rear RH Upper Arm			
1452	993322	Rear RH Drive Shaft			
1453	993178	Rear RH Control Arm			
1454	995117	Rear RH Trailing Arm			
1455	995110	Rear RH Leaf Spring			
1456	992942	Rear RH Brake Disc Rotor			
1457	992938	Rear RH Brake Caliper Assy			
1458	990434	Rear RH Brake Pipe			
1459	992947	Rear RH Brake Hose			
		Rear RH Fender Garnish			
		" " " Sticker			
		" " Door Handle			
		" " " Sticker			
		Rear RH Door Sticker			
		Rear RH Fender Sticker			
		Rocker panel Garnish			
		Sticker			
		Rear RH wheel Rim			
		" " Tyre			

No of Items: _____ Assessor: _____