

REF:

CS/AIG20013651/Atf3

ASS. REC. BY:

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. _____

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJZ7232X Yr Regn: 2010 / DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz c.c. 1597Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 302769 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2040452AA78317Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/45R17R: 225/45R17

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

TOYO / YOKO or Meibes

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 10/12/20Survey held at MCSDes. 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

TPAIG.

MV: LUMP SUM \$5900,5DAYS

PV: RED: 9706.7;62%

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: 5

1)

☐

: Final Report

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Insp (\$

☐

: Weekend (\$

) 3 + RS SI

) Photos

) Others

TOTAL

Report Format: _____

Lump Sum / LB.H: _____

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	09/12/2020 14:14 (SGT)
Date of Accident	08/12/2020 20:05 (SGT)
Exact Location of Accident	Lor M Telok Kurau, Singapore
Additional Location Information	PALACIO CONDO BASEMENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ7232X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHAI LAI
NRIC No	SXXXX042A
Email Address	TANFRANCISCL@GMAIL.COM
Mobile Phone No	(Phone) +65-94389639
Alternative Phone No	+65-94389639

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5099748656-01
Cover Note Number	-

DRIVER

Name of Driver	TAN CHAI LAI
NRIC No	SXXXX042A
Date Of Birth	14/12/1951
Occupation	Outdoor

Date Of Driving Pass	07/04/1971
Driving experience	49 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94389639
Alt. Phone Number	+65-94389639
Email Address	TANFRANCISCL@GMAIL.COM
Address	blk 136C HILLVIEW AVE #02-02
Address complement	-
Postcode	669608
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 - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 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	SKT5855G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

ETHOS Automotive Solutions Ltd
 30 Bukit Batok Crescent

658075

Claim Reference: 658075
 Assessment number: 6100003
 Version: 1810
 Date calculated: 01/24/2019 08:30 PM
 Print Report
 Registration: 24V104
 Version: 24/01/2019 24:22 PM

Final Calculation

Parts	500	500
Additional (+12.00%)	60.00	560.00
Total Parts	560.00	560.00
Labor - Time Base 18 W/H		
Total 21.8 W/H @ 2.00 S/H	43.60	43.60
Total of Labor	43.60	43.60
Total of Extras		100.00
Paint Work - Time Base 18 W/H		
Labor Cost 41.0 W/H @ 2.00 S/H	82.00	182.00
Material Cost	50.00	132.00
Total Paint Including Material	132.00	314.00
Repair Cost Excludes GST	1,134.60	1,134.60
GST (+7.50%)	85.09	1,219.69
Repair Cost Included GST	1,219.69	1,219.69
Lump Sum		1,308.99

Comments
 * - USED SUPPLIED DATA
 NW - NO MANUFACTURERS CODE EXISTS
 I - WU PARTIAL INCL IN OTHER PORTIONS

Part 2: 24.00 @ 1.25 = 30.00

Part 3: 24.00 @ 1.25 = 30.00

Part 4: 24.00 @ 1.25 = 30.00

Part 5: 24.00 @ 1.25 = 30.00

Part 6: 24.00 @ 1.25 = 30.00

PRINT DATE 24/01/2019

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Autosys System Using Manufacturer's Prices

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 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 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

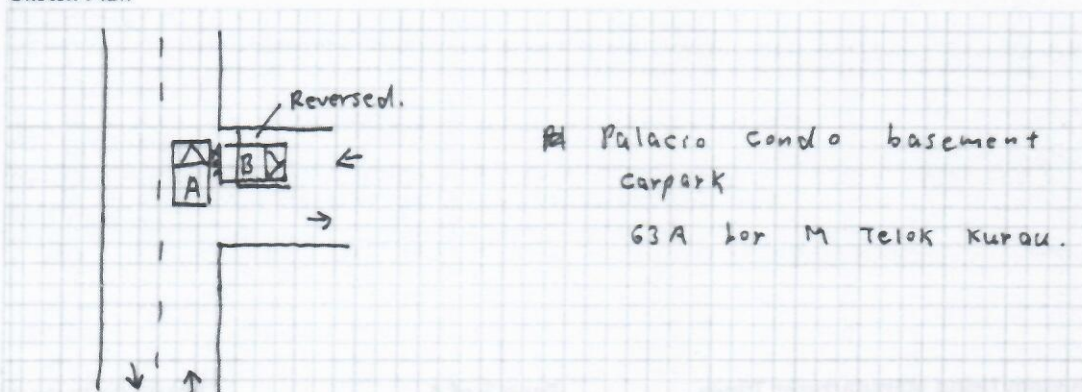
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

After I enter into M Palacio condo basement
carpark. I was driving ~~Str.~~ Straight, suddenly Veh
B reverse from the side Rd and collided onto my
right portion of my veh. He was driving in a
wrong direction. there was also a stop line.

Declaration

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



Witnessed by Reporting Centre
Personnel