

ASS. REC. BY:

REF:

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SL22548U Yr Regn: 2018 April
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Bmw 116D c.c. 1496
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 40854 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBAIV72010V945454
 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: 255/35R18
 R: 255/35R18
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 18/12/20
 Survey held at Ysk
 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

TPAL6.

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / LBJ: /

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

SV0K20CE000A-01 / VICOM LTD (VAC) - Bukit Batok (659545)
ENTRY DATE & TIME: 14/12/2020 13:54 (SGT)
SUBMITTED BY: Somanathan Thangavelloo
VERSION: 2 (16/12/2020 14:23 (SGT))

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 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. 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	14/12/2020 13:54 (SGT)
Date of Accident	12/12/2020 16:23 (SGT)
Exact Location of Accident	Near 300 Orchard Rd, Singapore 238861
Additional Location Information	ORCHARD ROAD (NEAR TO TAKASHIMAYA)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ2548U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM ZHI HONG PATRICK
NRIC No	SXXXX0571
Email Address	PATRICKLIMZH@GMAIL.COM
Mobile Phone No	(Phone) +65-90460018
Alternative Phone No	(Home) +65-90460018

VEHICLE PARTICULARS

Manufacturer	BMW
Model	116d
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118150981 (PREMIUM)
Cover Note Number	-

DRIVER

Name of Driver	LIM ZHI HONG PATRICK
NRIC No	SXXXX0571
Date Of Birth	15/12/1989
Occupation	Indoor

 Accident report SV0K20CE000A

Date Of Driving Pass	11/07/2008
Driving experience	12 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90460018
Alt. Phone Number	(Home) +65-90460018
Email Address	PATRICKLIMZH@GMAIL.COM
Address	APT BLK 444 CHOA CHU KANG AVENUE 4 #11-333
Address complement	-
Postcode	680444
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	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GIRLFRIEND
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 STATEMENT ATTACH

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	SFJ9180E
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	MAK GENG YUAN
NRIC No	SXXXX604B

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

SKETCH PLANIMPORTANT 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)

Reporting Centre Personnel's Signature
Name:

RUAC BUNTI PATCH (P&G)
511 Bukit Merah Street 23
Singapore 670545
Tel: 650 3712 Fax: 650 0732
Email: ruacbu@polignot.com.sg

SKETCH PLAN #2

SKETCH PLAN

Orchard RD.

A - SL72548U

B-SFJ 9180E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Was travelling along arterial road on the first lane, towards the direction of Tokyo Shumai (on the right)
- A red mazda³ was making a lane change, and hit the left side of my vehicle. Damage was on the left hand side of my door, front & back door.

DECLARATION

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

[Handwritten signature]

511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6560 8722
Email: vorbb@pangloss.com.sg