

ASS. REC. BY:

REF:

MSG/ 200141651K

Kenneth

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:

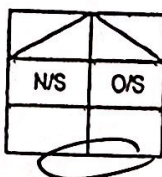
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

10/12/20

Person Contacted:

Vehicle: IN / OUT

Veh No:

STW 422B

Yr Regn:

11, 09.

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

Truck / Trailer or

Make:

BMW 84

c.c

2497

Colour

White

A/C: Insured / Std / NI / NA

Sp. Reading

102253

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WBA2M32040E355012

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225 / 40 ZR18

R:

255 / 35 ZR18

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

13/12/20

D.O.I.

21/12/2020

Survey held at

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

/

Est not ready

lump sum \$4250, 4days

red: 5336.05; 55%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

TOTAL

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 14/12/2020 17:22 (SGT)
Date of Accident 13/12/2020 11:35 (SGT)
Exact Location of Accident Upper Thomson Rd, Singapore
Additional Location Information UPPER THOMSON ROAD, MARYMOUNT LANE JUNCTION
TOWARDS FARRER ROAD DIRECTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW422B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG WEE THIAN (HUANG WEITIAN)
NRIC No SXXXX183C
Email Address WWTBEN@GMAIL.COM
Mobile Phone No (Phone) +65-82983030
Alternative Phone No +65-82983030

VEHICLE PARTICULARS

Manufacturer BMW
Model Z4
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Axa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA420819
Cover Note Number -

DRIVER

Name of Driver DIONIS WONG
NRIC No SXXXX421C
Date Of Birth 01/10/1997

Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

Indoor
19/01/2017
3 YEARS AND 11 MONTHS
Female
(Phone) +65-82983030
-
WWTBEN@GMAIL.COM
22 LORONG PUNTONG
#04-04
576439
No
Child
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
2
Yes
No
Yes
1
No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes
Traffic Police
(Phone) +65-65470000
(Fax) +65-65474900
10 Ubi Avenue 3 Singapore 408865
No
-

CIRCUMSTANCES OF ACCIDENT

AS PER REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Was there any audio recorded?

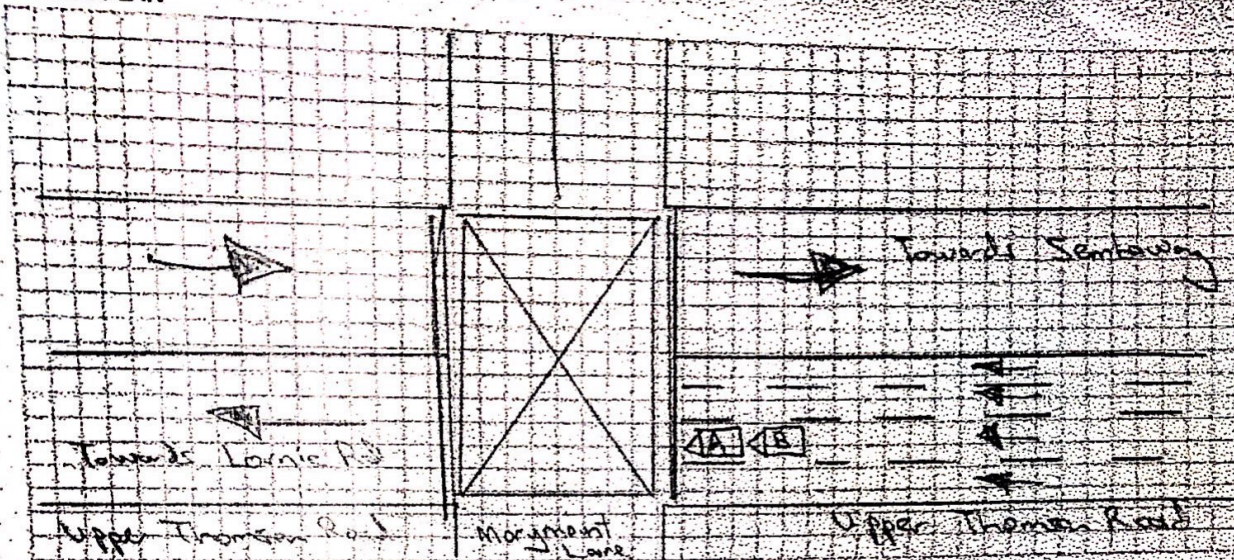
Yes
No
No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver

GZ3865G
Toyota
Dyna
-
-
Commercial vehicle
CHING KIAN SENG, MARCUS

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report.

Vehicle A: SJW 422 B

Vehicle B: GZ 3865 G

DMR
DAN WONG

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 14/12/20

G/ANIC SKR... 16:50 hrs

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14/12/2020 16:50 PM

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN NO.: