

ASS. REC. BY:

REF:

AIG/20014368/Kg

## 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:

SKH 434 J

Yr Regn:

12, 11

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

Truck / Trailer or

Make:

Mperati Quettrasse 4691

Colour

D Blue

A/C: Insured / Std / NI / NA

Sp. Reading

153528

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

BAMKK 39C00004880P

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

245/35ZR20

R:

295/30ZR20

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

TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

3

mm

L/Bal.

3

mm

L/Bal.

3

mm

D.O.A.

20/12/20

D.O.I.

30/12/2020

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

30/12

ETA not ready, unable to get part prices yet as parts need to  
order overseas.

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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



## 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 ..... 21/12/2020 11:43 (SGT)  
Date of Accident ..... 20/12/2020 12:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... NORTH BRIDGE ROAD IN FRONT OF BLK 462  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKH434J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... QUEK BOON SENG  
NRIC No ..... SXXXX374E  
Email Address ..... sense@sensdecor.com  
Mobile Phone No ..... (Phone) +65-98170063  
Alternative Phone No ..... +65-98170063

#### VEHICLE PARTICULARS

Manufacturer ..... Maserati  
Model ..... Quattroporte  
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 ..... Great American Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MOMVP000004018-00-000  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... QUEK BOON SENG  
NRIC No ..... SXXXX374E  
Date Of Birth ..... 08/09/1953  
Occupation ..... Indoor



Date Of Driving Pass ..... 30/03/1971  
Driving experience ..... 49 YEARS AND 9 MONTHS  
Gender ..... Male  
Mobile Number ..... (Phone) +65-98170063  
Alt. Phone Number ..... +65-98170063  
Email Address ..... sense@sensdecor.com  
Address ..... 33 JALAN ANGIN LAUT  
Address complement ..... -  
Postcode ..... 489233  
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? ..... No  
Was any injured conveyed to hospital by ambulance? ..... -  
Was any other material or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 3  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name ..... MRS QUEK  
Gender ..... Female

#### PASSENGER 2

Name ..... QUEK XUE FANG  
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

PLEASE SEE ATTACHED.

#### ATTACHMENT(S)

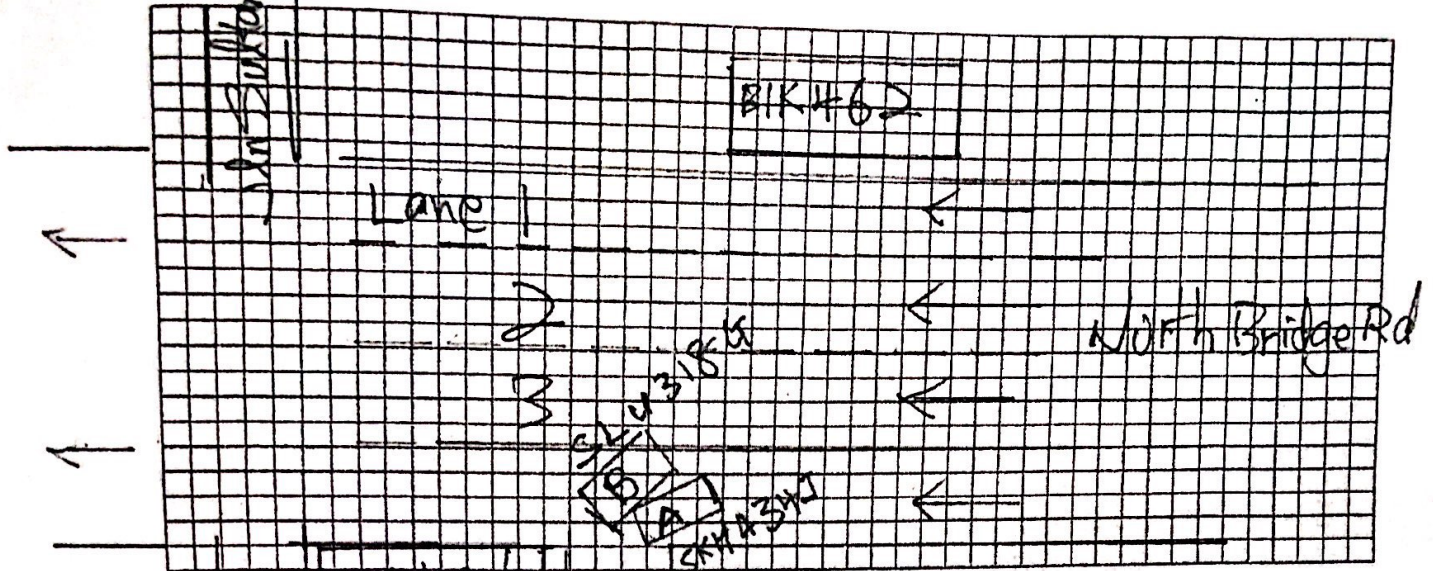
Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLU318G  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along North Bridge Rd. My car was on lane 3. Veh B was on Lane 2. Veh B suddenly swerved to the left sharply and I quickly turned to my left to avoid a collision and stepped on my brakes & horned at him. Veh B driver just kept on driving & hit my vehicle. Driver admitted ~~that~~ that this was his fault & apologised to me.

DECLARATION

I, HEREBY DECLARE that:-

1. The reporting centre personnel has explained the above statement & sketch plan to me.
2. I fully understand and agree with the above statement.
3. The information given is true and correct to best of my/our knowledge and belief.

*[Signature]*

Name, Signature & Company  
Stamp (if applicable)

DECLARATION

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

Policyholder's Signature

Date & Time:

21-12-2020  
11:30am

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

