

ASS. REC. BY:

Steve

REF:

CS3/ASM21000383/E9d3

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TS / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s Gold Autoworks

of

Insured:

Policy No:

Claims No:

S1M02ZY4

Sum Insured:

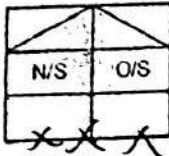
Excess:

(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

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SGM 2597E

Yr Regn:

12/10/06

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

Truck / Trailer or

Make:

Toyota Estina

c.c

2362

Colour:

Gold

A/C: Insured / Std / NI / N

Sp. Reading

122135

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

ACR50-719522

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/50R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

4/1/21

D.O.I.

11/1/21

Survey held at

Cyclo &amp; Callings

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

MV-8.500

~~Pending Claim Report~~

Estimate COR: \$6000-\$7000

13/01/21 @ 5.25pm revised to Peter Wang via Smart Claims.

Submit PRS.

Date/Time, File Pass to?

☐

: Prel. Report

14/01 Typist

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 7

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Pop. Forms:

PRS

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 04/01/2021 12:36 (SGT)  
Date of Accident 04/01/2021 09:00 (SGT)  
Exact Location of Accident Dover Rd, Singapore  
Additional Location Information -  
Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGM2597E

#### INSURED/POLICYHOLDER

Is company? No  
Name Of Registered Owner Bernasconi Alain Uberto Pierre  
Passport No/FIN G5640734R  
Email Address alain.bernasconi@me.com  
Mobile Phone No (Phone) +65-92333659  
Alternative Phone No +65-92333659

#### VEHICLE PARTICULARS

Manufacturer Toyota  
Model Estima  
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 - Reporting only  
Vehicle Category Private car

*Infirm Workshop  
Ammd*

#### INSURANCE COMPANY

Name of Insurance Company AIG  
Type of Coverage Comprehensive  
Fleet Policy No  
Policy Number 2100433574-05  
Cover Note Number -

#### DRIVER

Name of Driver Bernasconi Alain Uberto Pierre  
Passport No/FIN G5640734R  
Date Of Birth 24/01/1976  
Occupation Indoor

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

04/06/2019  
1 YEAR AND 7 MONTHS  
Male  
(Phone) +65-92333659  
+65-92333659  
alain.bernasconi@me.com  
83 Lorong Gambir

536648  
Yes  
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? 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 Alexis Bernasconi  
Gender Male

#### PASSENGER 2

Name Andrea Bernasconi  
Gender Male

#### 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

R2000006924 Circumstances Of Accident I stopped as we were queuing in to go to school (UWC)  
and the car behind me did not stop in time

#### 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

Vehicle Registration Number SKM9063K  
Vehicle Manufacturer

Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	
Name of Driver	
Contact Number	Private car
Address	
Address complement	(Phone) +65-97362411
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

