

BY: Sun Pin.

REF:

CS/CT121001634/Q+43

Denise.

ASSIGNMENT

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. DM CV8NW 00126182000

Claims No.

SAA SNM 210200 574 / 602 / LEW

Sum Insured:

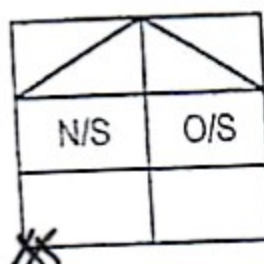
Excess:

(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:

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:

SMH 19442

Yr Regn: 15/01/2019

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

Truck / Trailer or

Make:

Mazda 6 sedan

c.c 1498

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

27246

T/Radio: Insured / Std / NI / NA

Eng/No:

-

C/No:

JM 6GL1072K0311710

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 225 / 55 R17

R: 225 / 55 R17

BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

6

mm

Rear

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

29/01/2021

D.O.I.

03/02/2021

Survey held at

Lian Heng.

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: 85,000

PV: 43,082

NV: 41,918.

Submit PRS Report

Repair day - 3 days.

Repair Range

\$4,000 - \$5,000

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Rep. Format:

TP-PRS

Lump Sum / L.B.I. (%)

Days Of Repair:

3

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA012121000A Vehicle Registration No: SMH1944Z
Name (as shown in NRIC) : McCarl Leonardo NRIC/FIN/Passport No : S8879902Z
(*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : 314B Punggol Way #18-623 Singapore(822314)
Contact (Tel) : 92221631 Mobile No.: 92221631
Email Address : mccarl_leonardo@yahoo.com
Date of Accident : 29 Jan 2021 Time of Accident: 06:50
Place of Accident : Slip road from Tampines Ave 7 merging to TPE (towards SLE)
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Many of the details that appear in the final accident statement are different from the ones that I entered via AIG accident report portal, therefore I want to amend the following info to the correct ones:

Email address of Insured/Policyholder: mccarl_leonardo@yahoo.com

Are you claiming under your own insurance policy for repair?: Claiming Third Party

Name of Driver: Chen Kang Li

NRIC of Driver: S9070601B

Date of Birth of Driver: 24/12/1990

Gender of Driver: Female

Email of Driver: kanglichen90@gmail.com

Is the driver the policyholder?: NO

Relationship: Spouse

Was any other material or property damaged?: NO

Note: I actually submitted the accident via AIG reporting portal on 30 Jan 2021 02:25am, but on the accident statement it says report was submitted 01 Feb 2021 12:58

McCarl Leonardo

Policyholder / Driver's Signature
Date: 2 Feb 2021

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

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	01/02/2021 12:58 (SGT)
Date of Accident	29/01/2021 06:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	slip road from Tampines Avenue 7 merging to TPE (towards SLE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1944Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Mccarl Leonardo
NRIC No	S8879902Z
Email Address	NOEMAIL@AIG.COM
Mobile Phone No	(Phone) +65-92221631
Alternative Phone No	+65-91268760

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900001202-01
Cover Note Number	-

DRIVER

Name of Driver	Mccarl Leonardo
NRIC No	S8879902Z
Date Of Birth	23/09/1988
Occupation	Indoor

Date Of Driving Pass	23/01/2010
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-92221631
Alt. Phone Number	+65-91268760
Email Address	NOEMAIL@AIG.COM
Address	314B PUNGGOL WAY
Address complement	#18-623 SINGAPORE
Postcode	-
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 - Head to Rear
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

R2000007033 Circumstances Of Accident The accident happened on a slip from from Tampines Avenue 7 to merge into another bigger slip road coming from Loyang Ave before merging into TPE (towards SLE). Our car is slowing down before coming to a stop behind the dotted line to allow cars from the bigger slip road to pass through before we can safely merge into the bigger slip road. As we slowed down and came to a stop

the lorry rear ended us without slowing down even though our brake lights have lit up for a while to indicate our car is slowing down. As the lorry approached us at high speed without stopping

at the last moment

the lorry swerved to its left in a bid to avoid us but unfortunately did not avoid us in time. Consequently lorry's front right hit our sedan's back left

breaking our light cover and puncturing a hole and big scratch in our left bumper. (We have dashcam footage of the incident please let us know how to submit.)

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH1011X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Goods vehicle
Contact Number	-
Address	(Phone) +65-98376101
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

