

ASSIGNMENT

| | | | | | | | |
|---|-------------------------|---|--|------------|----------|-------------------------|--|
| From | Date | Veh No: | SMH5085B | | Tr Regn: | 2019, Jan. | |
| Estimated Cost: | | Type: | M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / | | | | |
| OD / TP / WS / TP RES / OD RES / EVA / INV / MV | | Truck / Trailer or | | | | | |
| To Inspect Vehicle No: | | Make: | Kia Arado | | C.C. | 1591 | |
| at Workshop m/s | | Colour: | Blue | | A/C: | Insured / Std / NI / NA | |
| of | | Sp. Reading | 15644 | | T/Radio: | Insured / Std / NI / NA | |
| Insured: | | Eng/No: | | | | | |
| Policy No. | DMHCSNA00004272000 | C/No: | KNAE3416MK5027281 | | | | |
| Claims No. | SNM21D200733C02 | Gen. Cond: | Good / Fair / Poor / Burnt | | | | |
| Sum Insured: | | Steering: | In order / Jammed / Leaked / Burnt or | | | | |
| (Client's Record) | | Brake: | In order / Jammed / Leaked / Burnt or | | | | |
| Make of Veh: | | Modi: | Nil / S/Rim / STD A/Rim or | | | | |
| (Policy Condition) | | Tyre Size: | F: | 225/45 R17 | | | |
| Remark: The veh had commenced its repair at the time of inspection. | | | R: | 225/45 R17 | | | |
| | | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / | | | | | |
| | | TOYO / YOKO or | Kumho | | | | |
| Bal. or Market Value: | | Front | | | Rear | | |
| IDAC Accident Rpt: | Consistent? : Yes or No | R/Bal. | 06 mm | | R/Bal. | 06 mm | |
| GIA / PR Seen: | Consistent? : Yes or No | L/Bal. | 06 mm | | L/Bal. | 06 mm | |
| Est. Repairs: | 21 days Res.: Yes or No | D.O.A. | | | D.O.I. | 08/02/21 | |
| Lum Sum: | % 3 Val.: Yes or No | Survey held at | Twin Car. | | | | |
| CA / REV / REP. / 24 HRS | | Des. of Damages: | Frt / Rear / O/S / N/S / U/C / Rooftop or | | | | |
| Date: | Person Contacted: | The U/C / Chassis frame / Body Structure affected due to collision. | | | | | |
| Date / Time | Action / Instruction | | | | | | |

09/02/21@3.40pm Informed Cecilia Low, we are pending for estimate from repairer.
 20/08/21@5.03pm revised to Cecilia Low via Merimen.

MV :

PV :

Nett :

LS \$27000, 21 days (Red \$15060.07, 36%)

Date/Time, File Pass to?



Preli. Report

1) 20/08 Typist



Final Report

Date/Time, File Return to?

Days Of Repair: 21

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Fuel:

Other:

Total:

Date:

Report Form 4:

MER-TP

Amount / Fee:

27000

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Meal (\$

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 | 08/02/2021 11:15 (SGT) |
| Date of Accident | 06/02/2021 14:15 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | TWDS CHANGI B4 KIM KEAT LINK EXIT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMH5085B |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------------|
| Is company? | No |
| Name Of Registered Owner | PAY WEE CHONG(BAI WEIZONG) |
| NRIC No | SXXXX694J |
| Email Address | paywc@hotmail.com |
| Mobile Phone No | (Phone) +65-94774745 |
| Alternative Phone No | +65-94774745 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Kia |
| Model | Cerato |
| 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 | AIG |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 1900007352-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|----------------------------|
| Name of Driver | PAY WEE CHONG(BAI WEIZONG) |
| NRIC No | SXXXX694J |
| Date Of Birth | 21/05/1977 |
| Occupation | Indoor |

| | |
|--|--------------------------|
| Date Of Driving Pass | 14/03/1996 |
| Driving experience | 24 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94774745 |
| Alt. Phone Number | +65-94774745 |
| Email Address | paywc@hotmail.com |
| Address | 65 TAMPINES CENTRAL 7 |
| Address complement | #01-31 CITYLIFE@TAMPINES |
| Postcode | 528597 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 4 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|-------------|
| Name | LIM SZE YUN |
| Gender | Female |

PASSENGER 2

| | |
|--------|-------------|
| Name | PAY JING YI |
| Gender | Male |

PASSENGER 3

| | |
|--------|--------------|
| Name | PAY JING XIN |
| 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

PLS REFER TO THE ATTACHED STATEMENT.

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 | SLP7089Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SJQ7103H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|----------------------------|
| Name of injured person | PAY WEE CHONG(BAI WEIZONG) |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | SMH5085B |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|-------------|
| Name of injured person | LIM SZE YUN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT |
| Injured person in which vehicle? | SMH5085B |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 3

| | |
|---------------------------|-------------|
| Name of injured person | PAY JING YI |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |

Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SLIGHT
SMH5085B
-
No

INJURED 4

Name of injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

PAY JING XIN
-
-
-
SLIGHT
SMH5085B
-
No

SKETCH PLAN

IMPORTANT NOTICE

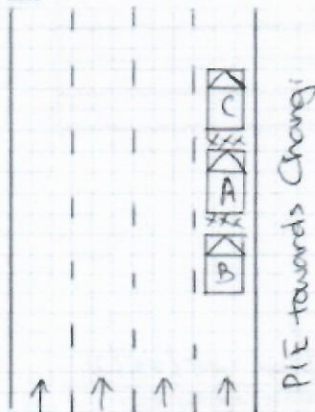
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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 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.
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.

6/2/21
Policyholder's Signature / Date & Time
1600

6/2/21
Driver's Signature (if driver is not the policyholder) / Date & Time

08/02/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A: SMH5085B
Veh B: SLP7089Y
Veh C: SJQ7103H

Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (SMH5085B) traveling along PIE towards Changi on first lane of a 4-lanes, expressway. Somewhere before Kim Keat Link exit, vehicle C (SJG7103H) slowed down and stopped due to heavy traffic flow. As such, I applied brake and stopped completely behind vehicle C. Out of sudden, vehicle B (SLP7089Y) came from rear and collided into the rear portion of my vehicle. Due to the impact, my vehicle surged forward and collided onto the rear portion of vehicle C. After accident, I alighted and realised I was involved in a 3 car chain accident.

Declaration

We declare the foregoing particulars are true in every respect.

X 6/2/21
Policyholder's Signature / Date &
Time 16 00

X
Driver's Signature (If driver is not the policyholder) / Date
& Time

sym 08/02/21
Witnessed by Reporting Centre
Personnel