

ASS. REC. BY:

REF:

AIG/210040131Kp

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:

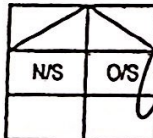
Excess:

(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 Rpt:

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:

04/23

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKZ 360914

Yr Regn:

04, 08

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

Truck / Trailer or

Make:

Toy Wish

c.c

1794

Colour

M. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

204796

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

EN210 - 0401647

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SRIM / STD A/Rim or

Tyre Size:

F:

Yoko 195/65R15

R:

Falken

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

27/3/21

D.O.I.

19/4/2021

Survey held at

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

C/S body

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

Date / Time

Action / Instruction

1/ EH not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fines

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 29/03/2021 10:26 (SGT)
Date of Accident 27/03/2021 09:45 (SGT)
Exact Location of Accident Lilac Dr, Singapore
Additional Location Information Lilac Drive outside unit 32
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ3609H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Tan Chee Hiong
NRIC No SXXXX538G
Email Address darrentanch@gmail.com
Mobile Phone No (Phone) +65-81391526
Alternative Phone No (Home) +65-81391526

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number A 300293253 QMX
Cover Note Number -

DRIVER

Name of Driver Tan Chee Hiong
NRIC No SXXXX538G

Date Of Birth 19/03/1976
 Occupation Indoor
 Date Of Driving Pass 28/06/2001
 Driving experience 19 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-81391526
 Alt. Phone Number (Home) +65-81391526
 Email Address darrentanch@gmail.com
 Address 26 Lilac Drive
 Address complement -
 Postcode 808216
 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 Side Swipe
 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

refer attached report.

ATTACHMENT(S)

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

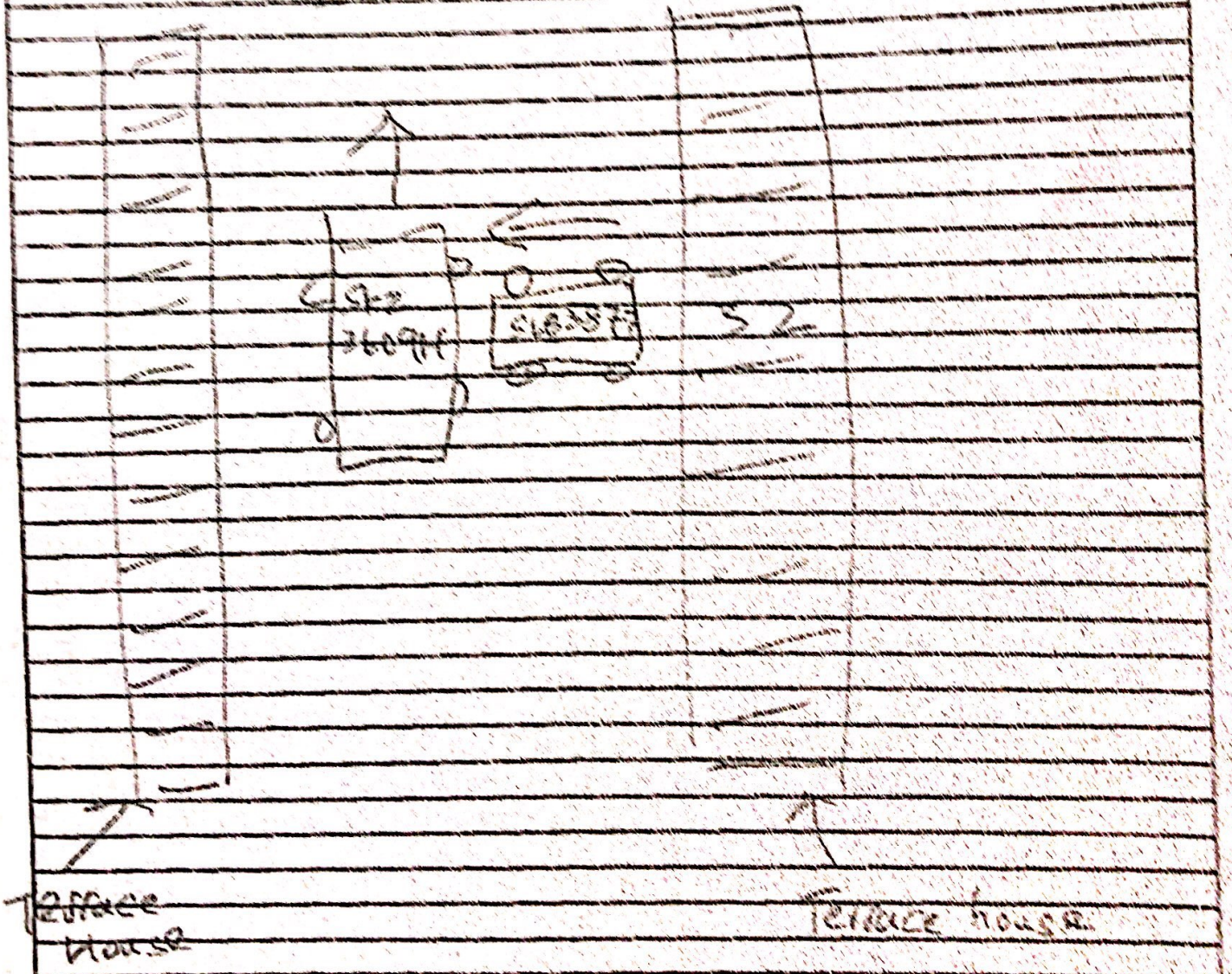
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB3877P
 Vehicle Manufacturer Mazda
 Vehicle Model 3
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver Hui Soh Heng
 NRIC No SXXXX592J
 Contact Number -
 Address -

Describe Circumstances of the Accident

On 27/5/2021 9:10 AM, I am travelling along Lilac Drive
 as my vehicle SC2 360911 when I passed my unit on
 of Lilac Drive a Mazda 3 3.0 1800 77.7 from this
 house drove out without notice my vehicle coming
 along the road. Thus the Mazda 3 ejected and
 side swiped on my car. My car right front & rear
 door and a small area of my rear right wheel are
 were damaged.

Lilac Drive



Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel