ASS. REC. BY:

REF: CS/EGI21004040/Avf3

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: GBC 4515R

Policy No.

Claims No. CDMCG21000583

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 Rport: 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: SBX8860G Yr Regn: 2021, Jan.

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

Make: Mercedes Benz GLB200 c.c 1332

Colour Grey. A/C: Insured / Std / NI / NA

Sp.Reading 4653 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WIN2476872W054320

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/55R18.

R: 235/55R18.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	26/3/21	D.O.I.	03/05/21

Survey held at NHT.

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
	TP Ergo.
14/6/21	Adrian confirmed $4209.28 (Red 12,099.92, 74%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 15/6/21-Typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Survey Fee:

Transportation: ___$ + RS.___SI

Photos

Others

TOTAL

Report Format : Merimen

Lump Sum / I.B.I: $ $4209.28

SS1Y213Q000C / SME MOTOR PTE LTD
ENTRY DATE & TIME: 26/03/2021 17:15 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (26/03/2021 17:15 (SGT))

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 witholding 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	26/03/2021 17:15 (SGT)
Date of Accident	26/03/2021 10:15 (SGT)
Exact Location of Accident	4002 Depot Ln, Singapore 109756
Additional Location Information	IND EST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBX8860G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAI LEE IT
NRIC No	SXXXX738J
Email Address	jasontai.8860@gmail.com
Mobile Phone No	(Phone) +65-96862036
Alternative Phone No	+65-96862036

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1300

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210008113
Cover Note Number	-

DRIVER

Name of Driver	TAI LEE IT
NRIC No	SXXXX738J

Date Of Birth	02/08/1959
Occupation	Outdoor
Date Of Driving Pass	21/06/1977
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96862036
Alt. Phone Number	+65-96862036
Email Address	jasontai.8860@gmail.com
Address	381 TANGLIN ROAD #06-02
Address complement	-
Postcode	247965
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210326/7018.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC4515R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

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 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. 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 lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the information so collected under (d) above may be shared / disclosed:

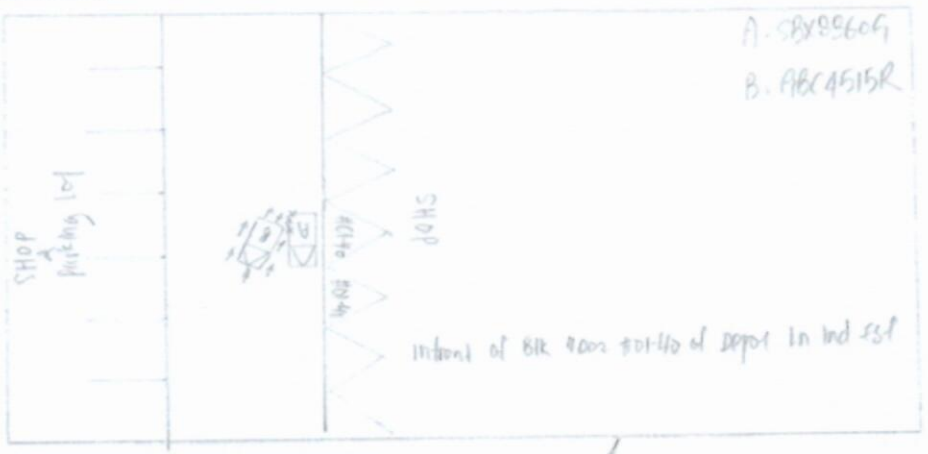
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

I authorized SMS to send the bill to adam@mktmotor.com

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/20710376/7018

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:

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

SINGAPORE POLICE FORCE

T/20210326/7018

Report No. T/20210326/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/03/2021 14:14		

Informant's Particulars

Name of Informant: TAI LEE IT			Address: 381 TANGLIN ROAD #06-02 SINGAPORE 247965	
ID Type / ID No.: NRIC NO / S1342738J			Contact No.: Home/Office: Mobile: 96862036	
Nationality: SINGAPORE CITIZEN			Email: jasontai.8860@gmail.com	
Sex: Male	Age: 61	Date of Birth: 02/08/1959	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: CAR ACCESORIES			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/03/2021 10:15	Type of Location: Straight Road
Location: DEPOT LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBC4515R	Van	TOYOTA	HIACE	Silver		0
SBX8860G	Car	MERCEDES BENZ	GLB200 PROGRESSIVE	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBX8860G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7210008113	26/01/2021	25/01/2022

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	TAI LEE IT		ID No.	S1342738J	
Related Vehicle	SBX8860G (Car)		Contact No.	96862036	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of	NIL	

Brief Details.
My vehicle (SBX8860G) was parked stationary in front of blk 4002 #01-40 of Depot Ln Ind Est and I went for work.

Suddenly, a person came to my office @ #01-41 informed me that he saw the vehicle "b" (GBC4515R) when reversed to exit and accidentally collided into the rear right portion of my vehicle and caused damages.

I came out to check and upon inspection of my vehicle, noticed that the rear right door was dented.

I have a car camera which captures this accident.

SINGAPORE POLICE FORCE

T/20210326/7018

Report No. T/20210326/7018

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/03/2021 14:14
Officer In Charge Of Case: TP / TPIB / NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case:

Authentication Stamp