

ASS. REC. BY:

REF: CS/CTI21005970/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: **GBF 2379P**Policy No. **DMCVSNW00071302003**Claims No. **SNM21D202880/C02/TANCHC**

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 Rpt: _____ 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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SM09229Z** Yr Reg: **2009 Dec**Type: ☒ M.Cas / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Volkswagen Scirocco** c.c. **1380**Colour: **Blue** A/C: Insured / Std / Nil / NASp. Reading: **169470** T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: **WVWZZZ13ZAV421258**Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: Nil / ☒ S/Rim / STD A/Rim orTyre Size: F: **245/35 R18**R: **245/35 R18**BS / DUN / EXNOVA / ☒ GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. **06** mmR/Bal. **06** mmL/Bal. **06** mmL/Bal. **06** mmD.O.A. **16/5/21**D.O.I. **20/05/21**

Survey held at

CASDes. 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 China**COE Expiry: 31/05/29.**

4/9/21 Adrian confirmed LS \$2500 (Red 6536.65, 72%)

MV:

PV:

Nett:

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2) 6/9/21-Typist

Days Of Repair: **4**

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S = P = \$

Flower:

Other:

TOTAL

Report Format: **Merimen**Lump Sum / L.B.E: **LS \$2500**Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Insp (\$)☐ Weekend (\$)

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	17/05/2021 12:45 (SGT)
Date of Accident	16/05/2021 20:45 (SGT)
Exact Location of Accident	Clementi Ave 3, Singapore
Additional Location Information	BLK 450 OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9229Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM YEW HUI IVAN
NRIC No	SXXXX876F
Email Address	swifter7565@gmail.com
Mobile Phone No	(Phone) +65-91810576
Alternative Phone No	+65-91810576

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Scirocco
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	1390

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109078896-01
Cover Note Number	-

DRIVER

Name of Driver	LIM YEW HUI IVAN
NRIC No	SXXXX876F

Date Of Birth	02/09/1982
Occupation	Outdoor
Date Of Driving Pass	13/05/2003
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-91810576
Alt. Phone Number	+65-91810576
Email Address	swifter7565@gmail.com
Address	BLK 208A CLEMENTI AVE 6 #07-119
Address complement	-
Postcode	121208
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 16/05/2021 AT ABOUT 2045HRS, MY VEHICLE WAS PARKED BEHIND BLK 450 CLEMENTI AVE 3 OPEN SPACE CARPARK. I WAS INSIDE THE CAR. VEHICLE B CAME BY AND REVERSED HIS VEHICLE AND COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE.

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 1

Vehicle Registration Number	GBF2379P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	IBRAHIM BIN ALLAUDIN
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.
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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:

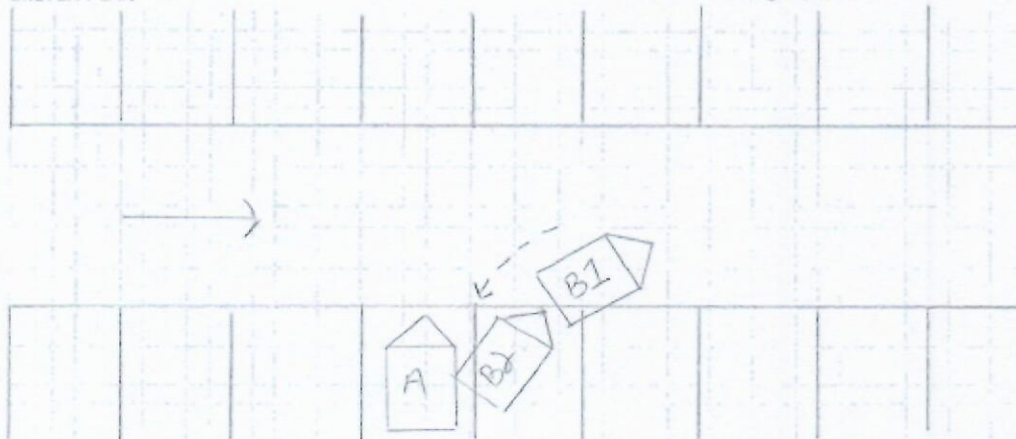
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

I hereby authorize SNE Motor P/L
and my accident report to genuine casgarage.sg

Signature

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 16/05/2021 AT ABOUT 2045HRS, MY VEHICLE WAS
 PARKED BEHIND BLC 450 CLEMENTI AVE 3 OPEN SPACE
 CAR PARK. I WAS INSIDE THE CAR. VEHICLE B CAME
 BY AND REVERSED HIS VEHICLE AND COLLIDED ONTO
 MY RIGHT PORTION OF MY VEHICLE.

DECLARATION

(/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/ID No.: