

REF: CS/SMO21006947/Avf3

ASS. REC. BY:

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: **SME 87U**

Policy No. _____

Claims No. **CMTD2101884/THE**

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SmP 2768S** Yr Regn: **2021 / April**Type: **(M.Car)** M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **MG HS** C.C. **1490**Colour: **Black** A/C: Insured / Std / NI / NASp. Reading: **2223** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **LSJA24496MX025538**Gen. Cond: **Good** Fair / Poor / BurntSteering: **(Inorder)** Jammed / Leaked / Burnt orBrake: **(Inorder)** Jammed / Leaked / Burnt orModi: **Nil (S/Rim)** / STD A/Rim orTyre Size: F: **235/50R18**R: **235/50R18**BS / DUN / EXNOVA / GY / FS / LIZA / **(MIC)** / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **22/6/21** D.O.I. **23/06/21**Survey held at **Sm.**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 Sampo.
20/9/21	Adrian confirmed \$14,282.27 (Red 12,810.08, 47%)
	MV : 110k
	PV : 58,500
	Nett : 51,500

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) **22/9/21-typist**Days Of Repair: **5**Resurvey No. of Trip: **3**Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation: _____ \$ + RS. _____ \$

Photos

Others

TOTAL

Report Format: **TP**Lump Sum / L.B.: **\$14,282.27**

VEHICLE NO: SMP 34682

MAKE & MODEL : MG HS.

[AUTO] MANUAL

DATE OF ACCIDENT	22 / 06 / 2021	*C.C: 1500
TIME OF ACCIDENT	4.15 PM	
LOCATION OF ACCIDENT	TAMPINES AVE 9 x TAMPINES AVE 6	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / [PRIVATE USE] PRIVATE HIRE	
NAME OF OWNER	PANG JUNGHU GALVIN Email: galvin.pang@hotmail.com.	
TELP NO	Mobile: 97510832	Office: Home:
NRIC	S 91397276	
CLAIM TYPE	OD / [THIRD PARTY] / REPORTING ONLY	
FLEET POLICY:	YES / [NO] / ?	
INSURANCE CO.	LIBERTY	
TYPE OF COVERAGE	[Comprehensive] / Third Party / Third Party Fire & Theft	
POLICY NO.	SD 21V 07039/VPC / R00	
NAME OF DRIVER	[AS ABOVE] / IF NO:	
NRIC		
DATE OF BIRTH	06 / 11 / 1991	
ANY PASSENGER	YES / [NO] :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / [Indoor]	
DATE OF DRIVING PASS	29 / 12 / 2010	
GENDER	[Male] / Female	
CONTACT NO.	Mobile: 97510832	Office: Home:
EMAIL:	galvin.pang@hotmail.com.	
ADDRESS	BLK 538 PASIR RIS ST 51 #10-36 S(510538).	
DOES DRIVER OWN OTHER VEHICLES?	[NO] / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	[Clear] / Raining / Other:	
ROAD SURFACE	[Dry] / Wet / Other:	
ANY INJURIES	No / If yes: Who? PANG JUNGHU GALVIN	
CONTACT NO.		
POLICE REPORT	[No] / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	[NO] IF YES: WHO?	
VEHICLE B NO.	3ME 874	Any Passenger: NO
NAME	TAN CHOW YONG S1713413B	
CONTACT NO.	9007 0520	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / [NO]	
WAS THERE ANY AUDIO RECORDED?	YES / [NO]	
SCENE ACCIDENT PHOTOS TAKEN?	YES / [NO]	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / [NO]	

SM AUTOMOTIVE

Email: sm_automotive@hotmail.com

Tel: 6747 9241

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 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:

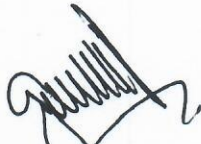
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

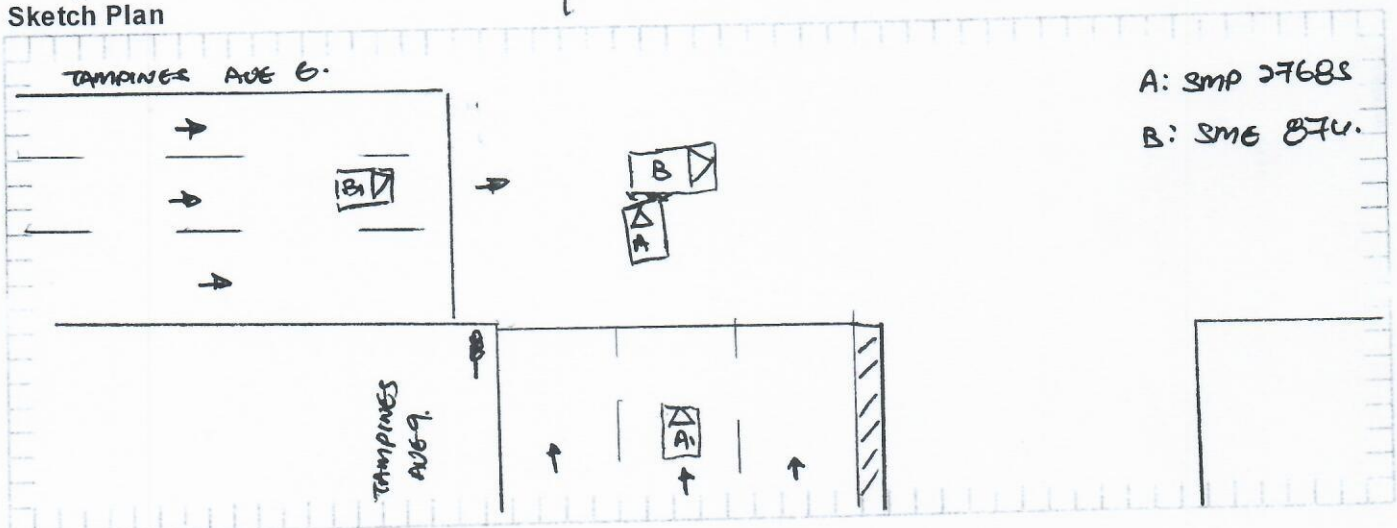
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan

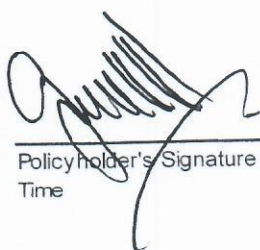


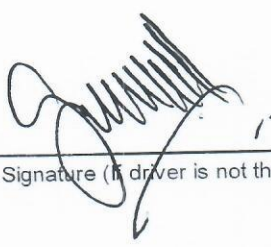
Describe Circumstances of the Accident

I WAS TRAVELLING ALONG TAMPINES AVE 9 ON THE CENTRE
LANE OF 3 LANES, AS I WAS APPROACHING THE JUNCTION WITH
TAMPINES AVE 6, I NOTICED THAT THE TRAFFIC LIGHT WAS SHOWING
GREEN LIGHT IN MY FAVOUR, I PROCEEDED STRAIGHT, WHEN SUDDENLY
ONE M/CAR SMC BTH CAME FROM MY LEFT ALONG TAMPINES AVE 6
BEAT THE TRAFFIC RED LIGHT AND STOPPED IN THE MIDDLE OF THE
JUNCTION, I IMMEDIATELY APPLIED MY BRAKE AND TRY TO AVOID,
HOWEVER STILL COLLIDED WITH THE SAID M/CAR.

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

Witnessed by Reporting Centre
Personnel