

62

A16

ASSIGNMENT

SIF 4162P 28 May 2008

Estimated Cost:

TP / WS / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No:

Workshop m/s Sin Hock Lee

Insured:

Policy No:

Claims No:

Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Actual or Market Value:

\$14K

JAC Accident Report

Consistent? : Yes or No

WIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2 days

Res: Yes or No

Un Sum:

20 %

3 Val: Yes or No

CA / REV / REP. / 24 HRS

'DS'

Vehicle: IN / OUT

Date

Person Contacted

Vehicle

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

Truck / Trailer or

Make

Nissan latiao 1.5 cc 1498

Colour

white

A/C. Insured / Std / NI / NA

Sp Reading

224641

T/Radio. Insured / Std / NI / NA

Eng/No:

JM1BAACU180007479

C/No:

Gen Cond: Good / Fair / Poor / Burnt

Steering In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/65 R15

R:

11

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal:

6

mm

R/Bal:

6

mm

L/Bal:

6

mm

L/Bal:

6

mm

D.O.A

D.O.I.

25-06-21

Survey held at

w/s

HAM

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

wt w/s

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

Date / Time

Action / Instruction

Estimate Not ready. Give later.  
No Body Injured.

Date/Time. File Pass to:

☐

: Preli. Report

☐

: Final Report

Date/Time. File Return to:

Days Of Repair:

Resurvey No. of Trip:

Adm Fee:

☐

Site Insp: \$

☐

Interp: \$

Survey Fee:

Transportation

Interp: \$

Adm: \$

Other: \$

# 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	23/06/2021 09:59 (SGT)
Date of Accident	22/06/2021 08:30 (SGT)
Exact Location of Accident	506 Serangoon North Ave 4, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF4162P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEN BAIQUN
NRIC No	SXXXX025H
Email Address	CHENBAIQUN91@GMAIL.COM
Mobile Phone No	(Phone) +65-81895188
Alternative Phone No	+65-81895188

## VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Latio
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1498

## INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1674134
Cover Note Number	-

## DRIVER

Name of Driver	CHEN BAIQUN
NRIC No	SXXXX025H

Date Of Birth	22/11/1991
Occupation	Indoor
Date Of Driving Pass	16/04/2010
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81895188
Alt. Phone Number	+65-81895188
Email Address	CHENBAIQUN91@GMAIL.COM
Address	BLK 509 HOUGANG AVENUE 10 #04-109
Address complement	-
Postcode	530509
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

REFER TO THE ATTACH  
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	SJH9216A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE WEE HAN
-	SXXXX432D
Contact Number	-



SKETCH PLAN

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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 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

Sketch Plan

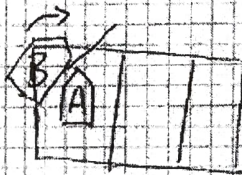
9:17am

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

23/8/21

Witnessed by Reporting Centre Personnel

PN



A - SJF 4162P  
B - SJH 9216A

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

My car was parked in designated carpark at 506A Serangoon North Ave 4. I have just parked the vehicle and had yet to leave the car. The other vehicle was trying to ~~manoeuvre his way out~~ do a 3-point turn beside my vehicle, but space was limited due to oncoming traffic from the side. Eventually, his side of the car side-swiped my vehicle at the front left corner (bumper), leaving scratches and damage to the bumper.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

947AM 23/6

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

Witnessed by Reporting Centre Personnel

PN