## ASSIGNMENT

From: Date:	Veh No: SLC 4848L Yr Regn: 2016, May
Estimated Cost:	Type: M.Ca) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
QD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Menedos Benz CHA180 a.c. 1595
at Workshop m/s	Colour Brown . A/C: Insured / Std / NI / NA
of	Sp.Reading 129078 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WPD1173422 W 321287
Claims No.	Gen. Cond Goody Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim STD A/Rim or
	Tyre Size: F: 225/40R18  R: 315/40R18.
(Policy Condition)	R: 015/40R18.
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 66 mm R/Bal. 96 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 25/06/21.
Lum Sum: % 3 Val.: Yes or No	'Survey held at KT MsBrwck
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / (V/S) (U/O / Rooftop or
Vehicle: IN	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
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Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add	d Fee: :Site Insp (\$ )_s+Rs_si
	: Interview (\$ ) Photos
Peport Format:	Tech, Invs (\$ ) others
Lump Sum / LEJ: (1	: West end (\$
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SH04216N0003 / Hock Wah Motor Workshop Pte Ltd ENTRY DATE & TIME: 23/06/2021 17:41 (SGT) SUBMITTED BY: Anysia Foo Mei Yan VERSION: 1 (23/06/2021 17:41 (SGT))

# **C** 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
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

23/06/2021 17:41 (SGT) 23/06/2021 15:50 (SGT) Near Blk 131, Singapore LORONG 1 TOA PAYOH > BRADDELL MRT Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLC4848L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

HENG CHENG WEI, BRANDON

SXXXX533G

bhcw12@gmail.com

(Phone) +65-81280173

(Home) +65-81280173

#### VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Mercedes Cla180

-

No - Claiming third party

Private car

Auto

1595

#### INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5122048645

24/05/2021 - 23/02/2022

## DRIVER

Name of Driver NRIC No HENG CHENG WEI, BRANDON SXXXX533G



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 Date Of Birth
 12/03/1988

 Occupation
 Indoor

 Date Of Driving Pass
 05/04/2007

Driving experience 14 YEARS AND 2 MONTHS

Gender

 Mobile Number
 (Phone) +65-81280173

 Alt. Phone Number
 (Home) +65-81280173

 Email Address
 bhcw12@gmail.com

 Address
 455 BUKIT TIMAH ROAD

Address complement #06-01

Postcode 259750

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 Collision - Change/cross lane
Weather Conditions Clear
Road Surface Dry

## OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

## CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE & TIME, I WAS DRIVING ALONG SAID LOCATION AT THE RIGHT MOST LANE. SUDDENLY VEHICLE B (SHD3259K) CHANGE LANE ABRUPTLY WITHOUT CHECKING THE TRAFFIC FLOW AND COLLIDED TO THE LEFT PORTION OF MY VEHICLE, CAUSING THE DAMAGES.

## ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHD3259K
Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi
Name of Driver Contact Number -

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

## SKETCH PLAN

## IMPORTANT NOTICE

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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.
- 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)

Lunderstand, 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' law yers/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
- (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' law yers/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 law yers/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 Personnel

ORW

