## ASSIGNMENT

From: Date:		Veh No:	SFB18	8K.	Yr Regn: 20	19 July.		
Estimated Cost:		Type: M.Ca		10-10-10-10-10-10-10-10-10-10-10-10-10-1	rry / Taxi / Prime N	1		
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Truck / Trailer or						
To Inspect Vehicle No:		Make:	BMW	540i	C.C	2998		
at Workshop m/s		Colour	Bhe.		A/C: Insured	/Std/NI/NA		
of		Sp.Reading	27386		T/Radio: Insured	I/Std/NI/NA		
Insured:	4-110-1	Eng/No:						
Policy No.		C/No:	WBAJ	B32	070WW4	2402		
Claims No.	Erder Linson Arm 7 H			Gen. Cond Good) Fair / Poor / Burnt				
Sum Insured: Excess:		Steering: Morden / Jammed / Leaked / Burnt or						
(Client's Record)		Brake:	order Jammed /	Leaked /	Burnt or			
Make of Veh:	rine al Lumina, secon	Modi: Nil	/S/Rim/ STD		The state of			
TY TY BURNINGS PARTY		Tyre Size:	F: 2	45 3	SR20.			
(Policy Condition)			R: 245/35 R20					
Remark: The veh had commenced its	N/S O/S	BS / DUN /	EXNOVA GY) F	S/LIZA/	MIC / OHTSU / PIF	R/SUMI/		
repair at the time of inspection.		TOYO / YO	OKO or		- areaV			
Bal. or Market Value:	Uriene -	Front			Rear			
IDAC Accident Rport: Consistent? : Y	es or No	R/Bal.	06 mr	n	R/Bal.	06 mm		
GIA / PR Seen: Consistent?: Y	es or No	L/Bal.	26 mr	m	L/Bal.	e 6 mm		
Est. Repairs: days Res.: Y	es or No	D.O.A.			D.O.I. 12	107/21		
Lum Sum: % 3 Val.: Y	es or No	Survey held	at	Adva	nce.			
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT		Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or						
							Date: Person Contacted:	
Date / Time Action / Instruction			P					
IT ATS			(56)					
mv :					INC P D D			
PV:								
Nett:					19211			
			EBD 281		- VILLA			
Date/Time, File Pass to? : Preli. Report		Days Of Re	epair:					
: Final Report		Resurvey	No. of Trip:		Survey Fee:			
Date/Time, File Return to?			- 1/1/200	1 50	Transportation:	0.347		
2)	Add Fee	: Site	e Insp (\$		)3+RS,SI			
		: Inte	rview (\$		) Photos			
Report Format:	:Tec	h. Invs (\$		) Others				
Lump Sum / LBJ: G		: We	el end (\$		)			
		Francis !!			T01/4L			

SN0921790003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/07/2021 15:56 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (09/07/2021 15:56 (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 Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

09/07/2021 15:56 (SGT) 08/07/2021 14:10 (SGT)

69 Geylang Bahru, Singapore 330069

Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SFB188K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No

**Email Address** Mobile Phone No Alternative Phone No.

ANG KIM CHUAN SXXXX855I

advanceag@hotmail.com (Phone) +65-91192288

+65-91192288

#### 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

**BMW** 

540i

Private use

No - Claiming third party

Private car

Auto

2998

#### INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number Comprehensive

China Taiping Insurance (Singapore) Pte. Ltd.

No

DMPCSNA00008812101

#### DRIVER

Name of Driver NRIC No

ANG KIM CHUAN SXXXX855I



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt, Phone Number **Email Address** Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver

10/02/1965 Indoor 18/10/1985

35 YEARS AND 9 MONTHS

Male

(Phone) +65-91192288

+65-91192288

advanceag@hotmail.com

BLK 177 BUKIT BATOK WEST AVENUE 8 #05-259

650177

Yes

No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Hit and run / Vandalism / Damaged whilst parked

Clear Dry

No

No

Yes

0

No

2

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

## DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

## PLEASE REFER TO POLICE REPORT T/20210709/7009

### ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes Yes

WITH OWNER

No

## DETAILS OF OTHER VEHICLE PROPERTY 1

SMP1897J Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	_
Address complement	_
Postcode	
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	10712
	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- 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.
- 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.
- 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.
- 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 :
  - 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;
  - (liii) 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:
  - 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 Mignature Date & Time: Driver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Po

NRIC/FIN No

CARPARIC GAYLONG BAFRY MARKAT SKETCH PLAN Creylang Pohru Morket & Food (A) - SFB183K DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Petro to police report attached Feger + No 7/20710709/7009 DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time: