

ASSIGNMENT

Date: _____
 Insured: _____
 Policy No. _____
 Claim No. **SNM21D204001/C02**
 Make of Vehl: _____
 (Policy Condition)

N/S	O/S

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

Consistent? : Yes or No
 Consistent? : Yes or No
 Res.: Yes or No
 3 Val.: Yes or No
 Vehicle: IN / OUT

Veh No: **SMY7717J** Year: **2016** Sept
 Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Mercedes Benz GLA180** 1595.
 Colour: **Grey** A/C: Insured / Not Insured / NA
 Sp. Reading: **55804** T/Rat: Insured / Not Insured / NA
 Eng/No: _____
 C/No: **WDC1568422J279055**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **In order** / Jammed / Leaked / Burnt
 Brake: **In order** / Jammed / Leaked / Burnt
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: **235/50R18**
 R: **235/50R18**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / GHSU / PIR / SUMI /
 TOYO / YOKO or **Continental**
 Front Rear
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. **22/07/21**
 Survey held at **Success United**
 Des. of Damages: Frt / Rear / **O/S** / N/S / U/C / Rooftop
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

TP Chiam

23/07/21@11.39am Informed Cecilia Lee, we are pending estimate from repairer.

22/09/21@7.28pm revised to Cecilia Lee via Merimen.

MV:

PV:

Nett:

Final fig \$9151, 6 days (Red \$14677.10, 62%)

(No Lump Sum)

Continued, See Page 102

☐ : Preli. Report
☐ : Final Report

30/09 Typist
 Incomplete File Returned

Days Of Repair: **6**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Insp (\$)
☐ : Model Insp (\$)

Sum / Fee:

Trans. Location:

File

File

MER-TP

B.I.B \$9151.00

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	19/07/2021 14:39 (SGT)
Date of Accident	18/07/2021 15:55 (SGT)
Exact Location of Accident	Compassvale Bow, #01-01 Blk 266, Singapore 540266
Additional Location Information	Multi-Storey Carpark Of Blk.266 Compassvale Bow
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY7717J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ong Mei Man
NRIC No	SXXXX867A
Email Address	meiman029@hotmail.com
Mobile Phone No	(Phone) +65-92976987
Alternative Phone No	+65-92976987

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla180
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	1595

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V02098/VPE/R00
Cover Note Number	-

DRIVER

Name of Driver	Ong Mei Man
NRIC No	SXXXX867A

Date Of Birth	29/09/1985
Occupation	Indoor
Date Of Driving Pass	20/08/2011
Driving experience	9 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92976987
Alt. Phone Number	+65-92976987
Email Address	meiman029@hotmail.com
Address	Blk.264C Compassvale Bow #13-62
Address complement	Singapore
Postcode	543264
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 - Major/Minor Rd
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 vehicle 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 Sketch Plan

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	SJT145S
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Koh Eng Choon
NRIC No	SXXXX870G
Contact Number	(Phone) +65-93863587
Address	-

SKETCH PLAN

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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 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

