

ASS. FILE BY:

Taymer

REF.

C 33/A16 21004 802/T143

## 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:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

\$80K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SFM 81215

Yr Regn:

20/6, Jan.

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

Truck / Trailer or

Make:

Toyota Harrier

C.C.

1986

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

102428

T/Radio: Insured / Std / NI / NA

Eng/No:

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:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

20/4/21

Survey held at

Paul Nee

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

Frt N/S

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

Date / Time

Action / Instruction

SUBMIT LUMP SUM \$3500, 4DAYS  
(RED: 4800;57%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Insp (\$

☐

Misc (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Other

TOTAL

Report Form:

Lump Sum / U/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 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              | 13/04/2021 16:21 (SGT)           |
| Date of Accident                | 10/04/2021 16:50 (SGT)           |
| Exact Location of Accident      | 8A Ghim Moh Rd, Singapore 272008 |
| Additional Location Information | CARPARK                          |
| Country/State of Loss           | Singapore                        |

### DETAILS OF OWN VEHICLE

|  |                           |
|--|---------------------------|
| Vehicle Registration Number  | SFM8121S                  |
| INSURED/POLICYHOLDER   |                           |
| Is company?  | No                        |
| Name Of Registered Owner   | LIM KIM CHAI              |
| NRIC No  | SXXXX763C                 |
| Email Address  | lkc.casey@yahoo.com       |
| Mobile Phone No  | (Phone) +65-98228121      |
| Alternative Phone No   | +65-98228121              |
| VEHICLE PARTICULARS  |                           |
| Manufacturer   | Toyota                    |
| Model  | Harrier                   |
| 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   | 2000                      |
| INSURANCE COMPANY  |                           |
| Name of Insurance Company  | AXA Insurance Pte Ltd     |
| Type of Coverage   | Comprehensive             |
| Fleet Policy   | No                        |
| Policy Number  | GA430855                  |
| Cover Note Number  | -                         |

### DRIVER

|                |              |
|----------------|--------------|
| Name of Driver | LIM KIM CHAI |
| NRIC No        | SXXXX763C    |

|  |                                    |
|--|------------------------------------|
| Date Of Birth  | 29/12/1956                         |
| Occupation   | Indoor                             |
| Date Of Driving Pass   | 06/03/1978                         |
| Driving experience   | 43 YEARS AND 1 MONTH               |
| Gender   | Male                               |
| Mobile Number  | (Phone) +65-98228121               |
| Alt. Phone Number  | +65-98228121                       |
| Email Address  | lkc.casey@yahoo.com                |
| Address  | BLK 289A BUKIT BATOK ST 25 #06-210 |
| Address complement   | -                                  |
| Postcode   | 650289                             |
| 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 - Head to Rear |
| 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

ON 10/04/2021 AT AROUND 4.49PM, I PARKED MY CAR IN BLK 8A GHIM MOH CARARK. A CAR (SLU8377H) REVERSE VERY FAST AND BUMP INTO MY CAR (SFM8121S) CAUSE MY CAR SERIOUS DAMAGE. INCIDENT WAS CAPTURED BY MY CAR VIDEO.

#### 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 | SLU8377H    |
| 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  
No. Of Passenger (Including Driver)

-  
-  
-  
-  
-  
VEHICLE B  
-



**IMPORTANT NOTICE**

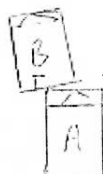
1. This is a documentarily important report and must be given to all the parties involved.
2. The report is to be completed by the Insured Party (i.e. the Accidented Party).
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or omission of material facts may constitute a breach of contract and may lead to policy voiding.
4. The later and more complete 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 lodging 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/also 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 situated 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:
    - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, settling or managing fraud, disputes, transactions and performance, and is as reasonably required for the purposes stated; or
    - (ii) for legal, regulatory, administrative or other regulatory, legal or operational reasons.

  
Insured Party

  
Insurer

  
Witness

SKETCH PLAN



A - SFM 21215

B - SLV 3377H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/04/2021 @ around 4:49 pm I parked my car in  
21K 2A 6HIM MOH CARPARK. A car (SLV 3377H) reverse  
Pact and bump into my car (SFM 21215) cause my car serious  
damage.

Incident was capture by my car video.

DECLARATION

I declare that the information provided is true and correct.

*[Signature]*

Printed Name:   
 Date:   
 Signature:

Printed Name:   
 Date:   
 Signature: