## ASSIGNMENT

From: Date:	Veh No: 5669555 L Yr Regn: 2012 /86t.
Estimated Cost:	Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: BMLO 740Li c.c 2979
at Workshop m/s	Colour Black: A/C: Insured / Std / NI / NA
of	Sp.Reading 12 12 99 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WBAYE42090DD8.7097
Claims No.	Gen. Cond: Good / 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 / 8/Rim / STD A/Rim or
	Tyre Size: F: 265/30 R22.
(Policy Condition)	R: 265/30/222
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 Continental.
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. OC mm R/Bal. OC 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. 30/08/21.
Lum Sum: % 3 Val.: Yes or No	Survey held at /5 Antowodeb
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT  Date: Person Contacted:	Firent 0/s
	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	,
TO STATE OF THE PROPERTY OF TH	
mv :	
PV:	
Nett:	
	and the second of the second o
Construction of the Constr	Days Of Repair:
to the second	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee:	The state of the s
Report Format :	: Interview (\$ ) Photos
Lump Sum / LP.E. (3	: Tech. Invs (3 ) others : Weel'end (5
	- Meet Stat A

S101218N0001 / 1ST AUTOWORKS PTE LTD ENTRY DATE & TIME: 23/08/2021 15:09 (SGT) SUBMITTED BY: Tan Guan Hin Ronnie VERSION: 1 (23/08/2021 15:09 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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**

23/08/2021 15:09 (SGT) Date of Submission 21/08/2021 11:17 (SGT) Date of Accident **Exact Location of Accident** Singapore

Old Airport hawer parking lot next to lot 30 Additional Location Information Country/State of Loss

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGG9555L

INSURED/POLICYHOLDER

No Is company?

Pang Hwee Mui Name Of Registered Owner NRIC No

SXXXX848I mark2madagasy@yahoo.com **Email Address** (Phone) +65-94501440 Mobile Phone No

(Home) +65-94501440 Alternative Phone No.

VEHICLE PARTICULARS

**BMW** Manufacturer 740li Model 740li

Variant Exact purpose for which vehicle was being used at time of

Private use accident

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Private car Vehicle Category Auto

Transmission 3000 CC

INSURANCE COMPANY

Direct Asia Insurance (Singapore) Pte Ltd Name of Insurance Company

Comprehensive Type of Coverage

No Fleet Policy MT 00616450/02 Policy Number

Cover Note Number

DRIVER

See Soon Hong Name of Driver SXXXX750C NRIC No

Date Of Birth 05/06/1973 Occupation Indoor 26/08/1999 Date Of Driving Pass 22 YEARS Driving experience Gender Male (Phone) +65-94501440 Mobile Number Alt. Phone Number mark2madagasy@yahoo.com **Email Address** 185 Tanjong Rhu Road #04-02 Address Address complement 436924 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident Weather Conditions 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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 Report please refer to sketch plan ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SLU5728Z Vehicle Registration Number Vehicle Manufacturer Nissan Vehicle Model

ehicle Model

Vehicle Variant
Vehicle Colour

Vehicle Category Private car
Name of Driver Low Wee Suan

Contact Number
Address

Accident report \$101218N0001

Address complement

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

### INPORTANT 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
- Information provided must be as truthful and accurate as possible. Any uniful micropresentation 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. 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)

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 'lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - 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
- (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.

Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.

S KETCH PLAN	
	A: SG99555L
	B: SW\$ 57282
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ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
My cartis stat	o the parking lot and but
car B come int.	o the parking lot and bon
at my right side,	
CLARATION Operation the foregoing particulars are true grevery respe	A.
MAN -38 A	+
Tyholo state Driver's Scootage	7 / 00
Time: Orver's Signature (If driver is not the po	Reporting Lentre Personne's Signature Name  Name