ASS. REC. BY: Stevie | REF: CS3/FCI 2194885/EVF3

ASSIGNMENT

From: PRS Date:

Estimated Cost:

OD / TP/WS / TP RES / OD-RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

at

Insured: GBD 3998G

Policy No.

Claims No. D21002665MFCV/1

Sum Insured: Excess:
(Client's Record)

Make of Veh:

(Policy Condition)

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

Est. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Sum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKN 70T Yr Regn: 30/8/17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Texi / Prime Mover / Truck / Trailer or

Make: Volvo V40 c.c: 1498

Colour: Blue A/C: Insured / Std / NI / N

Sp.Reading: 52868 T/Radio: Insured / Std / NI / N

Eng/No:

C/No: YV1MV18H0J2446701

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Pirelli

Front		Rear	
R/Bal.	4 mm	R/Bal.	4 mm
U/Bal.	4 mm	U/Bal.	4 mm
D.O.A.	19/7/21	D.O.I.	26/9/21

Survey held at: Thiam Heng Auto

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

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

Date / Time	Action / Instruction
	MV- 90K
27/9/21	Submit PRS-mv:$95k (est)

Date/Time, File Passed: ☐ : Proll. Report ☐ : Final Report

Date/Time, File Returned: 27/9/21-typist

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:
Transportation:
S + RS SI
Photos
Others
TOTAL

Scanned with CamScanner

SF0F219I0003 / FALCON-AIR AUTO SERVICES PTE LTD [575721]
ENTRY DATE & TIME: 20/09/2021 09:18 (SGT)
SUBMITTED BY: Florence Loh
VERSION: 1 (20/09/2021 09:18 (SGT))

Your NCD will be affected due to late reporting

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	20/09/2021 09:18 (SGT)
Date of Accident	19/07/2021 14:11 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 137 PETIR ROAD OPEN CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN70T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN BAOHUA
NRIC No	SXXXX901H
Email Address	baohua@singnet.com.sg
Mobile Phone No	(Phone) +65-90268972
Alternative Phone No	+65-90268972

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V40 T2
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111494499-01
Cover Note Number	-

DRIVER

Name of Driver	CHEN BAOHUA
NRIC No	SXXXX901H

Date Of Birth	27/09/1962
Occupation	Indoor
Date Of Driving Pass	12/12/2013
Driving experience	7 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90268972
Alt. Phone Number	+65-90268972
Email Address	baohua@singnet.com.sg
Address	BLK 137 PETIR ROAD #05-422
Address complement	-
Postcode	670137
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	Collided into Parked Vehicle
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN PENG KHEOK
Gender	Male

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.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - THIAM HENG MOTOR

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	GBD3998G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Colour	-
Category	Commercial vehicle
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

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. 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**")

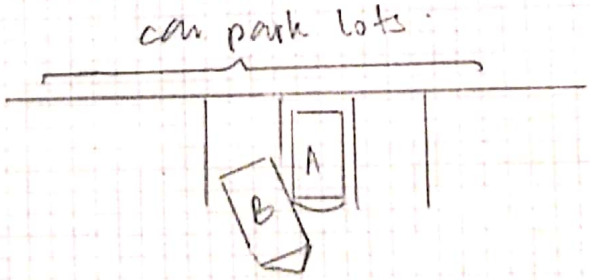
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

SIN MING AUTO SERVICES PTE LTD

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances Of the Accident (Continue)

Accident happened on 19/07/2021 @ 14:11pm at @Blk 157 Petir Rd open car park. Weather - clear/dry.
I had parked my car in a parking lot. I was inside my car answering a phone call. My friend, Tan Peng Kheok was with me. All of a sudden I felt a jerk on my car and realised veh B had hit into my stationary car on the front right while the driver was moving out from it's parking lot. The driver did not stop its vehicle, I immediately come out from my car and stop the driver. The drive then said he wants to paid for my car damage, but till today I did not received any compensation to repair my car.
Nobody was injured.

Declaration

I/We declare the foregoing particulars are true in every respect.

SIN MING

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel