

ASS. REC. BY:

REF:

SMO / 21007899/Kg f3-1

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

CMTD2102204/MYE

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:

85Hc

IDAC Accident Rpt:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs: 4

05

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date:

08/26

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLF 3137X

Yr Regn:

08.16

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

Truck / Trailer or

Make:

Toy MTR

c.c

1598

Colour

M. Black

AC:

Insured / Std / NI / NA

Sp. Reading

98570

T/Radio:

Insured / Std / NI / NA

Eng No:

C/No:

NR053REH104346079

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: 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

Continental

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

23/7/21

D.O.I.

26/7/2021

Survey held at

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

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

Date / Time

Action / Instruction

PRS

En nyen con 86-7.5k

27/07/21 Submit PRS.

18/10/21 Submit LS \$4950, 4 days (Red \$2850, 37%)

Date/Time, File Pass to?

☐

Prell. Report

1) 18/10 Typist

☐

Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format:

TP

Lump Sum + B.H. (\$

4950

SINGAPORE ACCIDENT STATEMENT**BASIC INFORMATION**

| | | | |
|-------------------|-----------------------------------|-------------------|-------|
| Date of Accident: | 23/07/2021 | Time of Accident: | 16:15 |
| Exact Location: | Carpark of Blk 7 Hougang Avenue 3 | | |

DETAILS OF OWN VEHICLE

| | | | |
|---------------------------|---|---------------------------|---------------|
| Vehicle Registration No. | SLF 3137 X | NRIC / FIN / Passport no: | S 8212967 G |
| Name of Registered Owner: | Chan Ching Hao, Benjamin Bill | | |
| Owner's Email: | ben82_wasabi@hotmail.com | | |
| Owner's Address: | 30 Jalan Pacheli Singapore 557369 | | |
| Vehicle Make: | Toyota | Vehicle Model: | Altis |
| Engine Capacity (cc): | 1598 cc | Transmission: | Auto / Manual |
| Type of Claim: | Own Damage / Third Party / Reporting Only | | |
| Vehicle Category: | Private / Commercial / Motorcycle / Private Hire | | |
| Name of Insurance Co: | MSIG | | |
| Type of Policy: | Comprehensive Third Party / Third Party, Fire & Theft | | |
| Policy Number: | B 300342751 QMX | | |

DRIVER

| | | | |
|---------------------------|--|--------------------|----------------------------------|
| Name of Driver: | Chan Ching Hao, Benjamin Bill | | <input type="checkbox"/> same as |
| NRIC / FIN / Passport no: | S 8212967 G | Date of Birth: | 28/04/982 |
| Occupation: | Indoor / Outdoor | Driving Pass Date: | 08/09/2005 |
| Contact Number: | 9062 6123 | Gender: | Male / Female |
| Address: | 30 Jalan Pacheli Singapore 557369 | | |
| Relationship with Owner: | Owner / Employee / Spouse / Child / Hirer / Other: | | |

GENERAL INFORMATION OF THE ACCIDENT

| | | | |
|--|---|---------------------|----------|
| Type of Collision: | Chain collision / Side Swipe / Front to Rear / Others: Side to front (parked vehicle) | | |
| Weather Condition: | Clear / Raining / Others: | | |
| Road Surface: | Dry / Wet / Others: | | |
| Was anybody injured? | Yes / No | Police Report Made? | Yes / No |
| No. of passenger onboard (including driver): | 0 (Parked Vehicle) | | |

DETAILS OF OTHER VEHICLE

| | Vehicle 1 | Vehicle 2 | Vehicle 3 |
|---------------------------|---------------|-----------|-----------|
| Vehicle Registration No: | SLL 8469 Z | | |
| Vehicle Make / Model: | | | |
| Name of Driver: | Yeo Wee Ngiap | | |
| NRIC / FIN / Passport no: | S 7628114 I | | |
| Contact Number: | 9125 5727 | | |
| Name of Insurance Co: | | | |

DETAILS OF WITNESS

| | |
|-------|---------------|
| Name: | Contact Info: |
|-------|---------------|

DETAILS OF INJURED PERSON

| | Person 1 | Person 2 | Person 3 |
|---------------------------|----------|----------|----------|
| Name / In which vehicle?: | | | |

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver


Date and time


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 willful 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 :

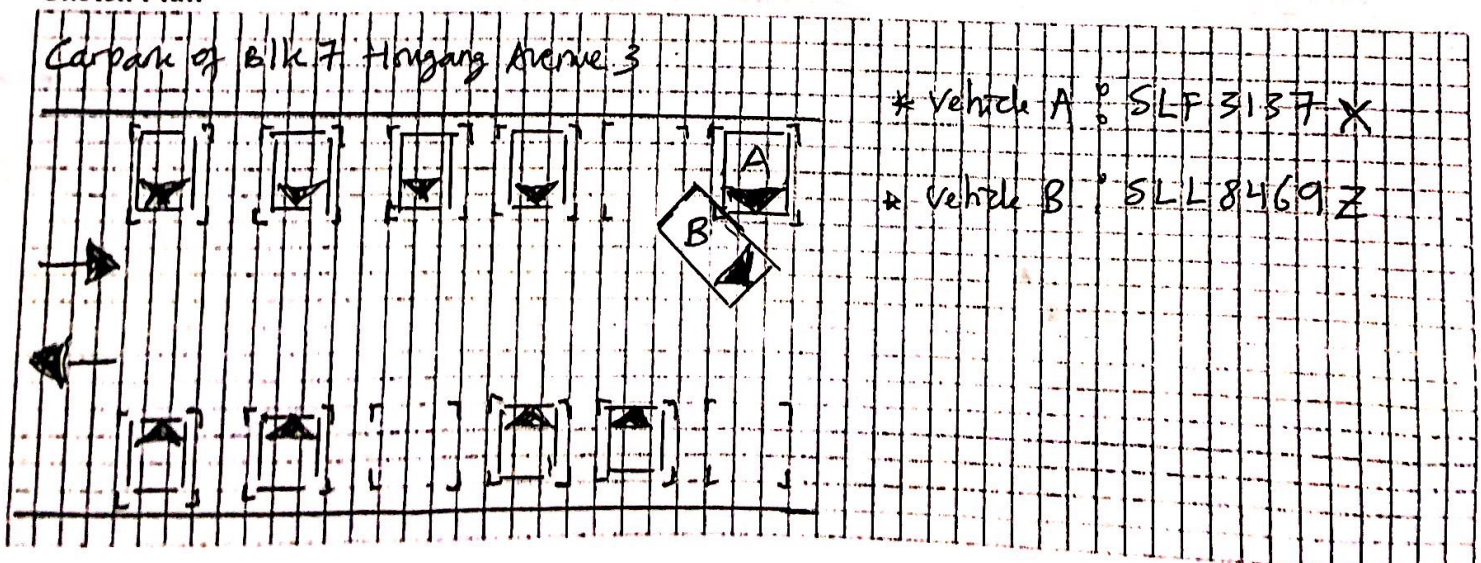
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


 Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Circumstances of the Accident

At the stated date and time, my vehicle was parked stationary at the back of Block 3, Highway Avenue 3. About 5 minutes later, I received a phone call from a stranger, claiming that his vehicle had collided with my parked vehicle while trying to move out from the parking lot. He got my number from my namecard which is displayed on my windscreen. I then rushed to the accident scene, exchanged my particulars with the driver and took some pictures as well as his driving licence.

Declaration

We declare the foregoing particulars are true in every respect.

