

CC3/AIG21012716/Tvc

ASS. REC. BY: Tan JihREF: AIG

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. 7210032440Claims No. 3885587035SGSum Insured: _____ Excess: 4100

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \$140K

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKA 9800M Yr Regn: 2021, March

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

Truck / Trailer or

Maké: Audi A4 C.C. 1984Colour: white A/C: Insured / Std / NI / NASp. Reading: 14080 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAYZZZF47MN005701

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: 225/50R17

R: _____

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 10/12/2021D.O.I. 15/12/21Survey held at Premier ubi

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

Frt N/S, Frt O/S.

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

Date / Time Action / Instruction

17/2/22 Final fig \$8282.96 confirmed by email (red 27.785.04.77%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 2/3/22-typist

Report Format: MerimenLump Sum / L.B. (P) \$8282.96Days Of Repair: 5Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS: \$ _____

Photos

Others

TOTAL

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	11/12/2021 16:37 (SGT)
Date of Accident	10/12/2021 12:30 (SGT)
Exact Location of Accident	8 Grange Rd, Singapore 239695
Additional Location Information	CAR PARK AT CINELEISURE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA9800M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG INN THENG
NRIC No	SXXXX195H
Email Address	KENNYNG0303@GMAIL.COM
Mobile Phone No	(Phone) +65-97601001
Alternative Phone No	(Office) +65-97601001

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
Variant	AUDI A4 SEDAN 2.0 TFSI
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	7210032440
Cover Note Number	-

DRIVER

Name of Driver	MYRON NG WEI JIE
NRIC No	TXXXX067G

Date Of Birth	26/05/2000
Occupation	Indoor
Date Of Driving Pass	26/10/2020
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97951001
Alt. Phone Number	-
Email Address	MYRONNGWEIJIE@GMAIL.COM
Address	1 RIVER VALLEY CLOSE
Address complement	-
Postcode	238427
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SON
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 Property
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

ON THE 10 DECEMBER 2021 AT ABOUT 12.30PM. WHILE TRYING TO PARK MY CAR, SKA 9800 M TURNED INTO A CAR PARK LOT OF CINELEISURE, I ACCIDENTALLY HITTED AGAINST THE SIDE WALL. UPON IMPACT, MY CAR WAS SWERVED TOWARDS MY RIGHT SIDE, HENCE A CAR BEARING REGISTRATION NO : SMH 1676 Y WAS PARKED AND MY FRONT RIGHT SIDE HITTED AGAINST THE FRONT & REAR RIGHT SIDE DOORS OF THE STATIONARY SAID CAR. MY CAR SUSTAINED FRONT, FRONT LEFT AND RIGHT SIDE DAMAGED. NO INJURY !

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	SMH1676Y
Vehicle Manufacturer	Mazda
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)	-

SKETCH PLAN

SKETCH PLAN

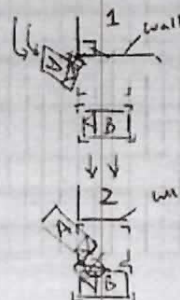
IMPORTANT NOTICE

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 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
Sketch Plan

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

Witnessed by Reporting Centre Personnel






A - SKA 9800M

B - SMH 1676Y

Describe Circumstances of the Accident

On the 10 December 2021 at about 12:30pm while trying to park
turned
my car, SKA 4600M into a car park lot of Cinesquare. I
wall in
accidentally hit against the side ~~part~~ ~~area~~. Upon impact, my
car was swerved towards my right side where a car bearing
registration NO: SMH 1176Y was parked and my front right side
hit against the front & rear right side doors of the station
left
said car. My car sustained front, front and right side damaged.
No injury.

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

 Policyholder's Signature / Date & Time 11/12/21	 Driver's Signature (If driver is not the policyholder) / Date & Time 11/12/21	 Witnessed by Reporting Centre Personnel
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