

ASS. REC. BY:

REF: CS/AGI21013143/Avf3

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: **SFB 3344G**

Policy No. _____

Claims No. **C10013057/CD**

Sum Insured: _____ Excess: _____

(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: _____

IDAC Accident Rpt: _____ 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: **SJX8688T.** Yr Regn: **2010 / Dec**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Bmw 528i** c.c. **2996**Colour: **Grey.** A/C: Insured / Std / NI / NASp. Reading: **119091** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WBAFS52000G276107**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **225/55 R17.**R: **225/55 R17.**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU **PIR** / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **22/12/2021** D.O.I. **28/12/21.**Survey held at **Twin Car.**Des. of Damages: Frt / **Rear** / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	TP Budget Direct.
10/5/22	Adrian informed LS \$6300 (red 7868.97, 55%)
	MV :
	PV :
	Nett:

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) **10/5/22-typist**Days Of Repair: **5**Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

8 + PS. SI

Photos

Others

Report Form: **TP**Lump Sum / L.B. : **LS \$6300**Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)☐ : Weekend (\$)

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	23/12/2021 17:08 (SGT)
Date of Accident	22/12/2021 15:05 (SGT)
Exact Location of Accident	Bishan Street 11, Singapore
Additional Location Information	TWDS BISHAN ST 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8688T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEO SENG CHONG SIMON
NRIC No	S1659261G
Email Address	simon.yeo@sg.ey.com
Mobile Phone No	(Phone) +65-96922170
Alternative Phone No	+65-96922170

VEHICLE PARTICULARS

Manufacturer	BMW
Model	528i
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	3000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5101309116-03
Cover Note Number	-

DRIVER

Name of Driver	YEO WEI LIN @ YEO WEI YING
NRIC No	S7141727A

Date Of Birth	20/11/1971
Occupation	Indoor
Date Of Driving Pass	17/09/1994
Driving experience	27 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98266525
Alt. Phone Number	-
Email Address	yeo_weilin@yahoo.com.sg
Address	1A MARGATE ROAD
Address complement	-
Postcode	438040
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

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ASIYAH
Gender	Female

PASSENGER 2

Name	TEO SUN SUN
Gender	Female

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 ABOVE MENTIONED DATE AND TIME, I WAS DRIVING MY CAR (SJX8688T) ALONG BISHAN ST 11 INTENDING TO TURN INTO BISHAN ST 12. WHEN WAITING TO TURN, THERE WAS A PEDESTRIAN CROSSING THE ROAD. I STOPPED TO WAIT FOR THE PEDESTRIAN TO CROSS. SUDDENLY, I FELT AN IMPACT FROM MY BACK AND WHICH WAS THE CAR (SFB3344G) HAD BANGED INTO MY CAR FROM BEHIND. THE STRONG IMPACT CAUSED MY TWO PASSENGERS PAIN IN THEIR BACK, NECK AND HEAD.

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	SFB3344G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LATA A. KALWANI
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YEO WEI LIN @ YEO WEI YING
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJX8688T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop
Twincar Automotive Pte Ltd / N-51 Automotive Pte Ltd
via email / fax.

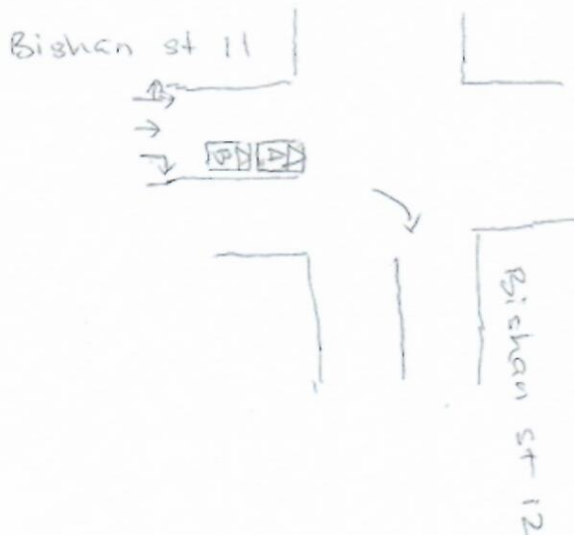
Signature: _____

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SJX 8688 T

B - SFB 3344 G

Describe Circumstances of the Accident 22 Dec 2021 (3:05pm)

On the above date, and time, I, ^{my} was driving to turn car, SSX 8688T, along Bishan St 11, intended into Bishan St 12, ~~then~~ when waiting to turning there was a pedestrian crossing the road. I stopped to wait for the pedestrian to cross. Suddenly I felt an impact from my back and which was the car SFB 3344G had banged ^{into} my car from behind.

The strong impact caused my two passengers ~~was~~ pain in their backs, necks and heads.

A - SSX 8688T

B - SFB 3344G

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel