

ASS. REC. BY: Tou JH

REF: CS/ ASM 21013156/T1045

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: **SHA 1406G**

Policy No. _____

Claims No. **S1M03PE5**

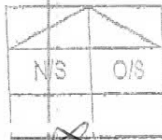
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Est. or Market Value: **\$85,000**

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

Loss Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SLE 7348H**

Yr Regn: **2016 / July**

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

Truck / Trailer or

Make: **Mazda Roadster S special. 1496**

Colour: **Grey**

A/C: Insured / Std / NI / NA

Sp. Reading: **41038**

T/Radio: Insured / Std / NI / NA

Eng/No: _____

VINo: **ND5RC106997**

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/E/H / STD / AKIM or

Tyre size: F: **205/45R17**

R: **7 7**

BS / DUN / EXNOVA ☒ GS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. **6** mm

R/Bal. **6** mm

L/Bal. **6** mm

L/Bal. **6** mm

D.O.A. **23/12/21**

D.O.I. **28/12/21 @ 320m**

Survey held at

TSA transport.

Des. of Damages: Fit / Road / O/S / NS / U/O / Backlog or

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

Date / Time Action / Instruction

Repair Range: \$4000 - \$5000, 7 days

30/12/21 Submit PRS, repair range \$5,000-\$6,000

Date/Time, File Pass 1/2

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return 1/2

2) 30/12/21-typist

3) 30/12/21-typist

4) 30/12/21-typist

Days Of Repair: **7**

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech Insp (\$ _____)

☐ : Weekend (\$ _____)

Survey rev:

Transported

3 + 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	24/12/2021 13:43 (SGT)
Date of Accident	23/12/2021 13:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EIXT TO ESPLANADE DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE7348H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YEOH SU FEN BEVERLY
NRIC No	S8626818C
Email Address	BEVYSF@GMAIL.COM
Mobile Phone No	(Phone) +65-93361008
Alternative Phone No	+65-93361008

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Mx-5
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	1500

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000469656-01
Cover Note Number	-

DRIVER

Name of Driver	YEOH SU FEN BEVERLY
NRIC No	S8626818C



Date Of Birth	11/09/1986
Occupation	Outdoor
Date Of Driving Pass	16/02/2011
Driving experience	10 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93361008
Alt. Phone Number	+65-93361008
Email Address	BEVYSF@GMAIL.COM
Address	BLK87
Address complement	-
Postcode	-
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	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?	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	PASSENGER
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

REFER TO SKETCH PLAN

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	SHA1406G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	LIM CHUAN HOCK
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

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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.
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5. 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' law yers/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' law yers/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 law yers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.

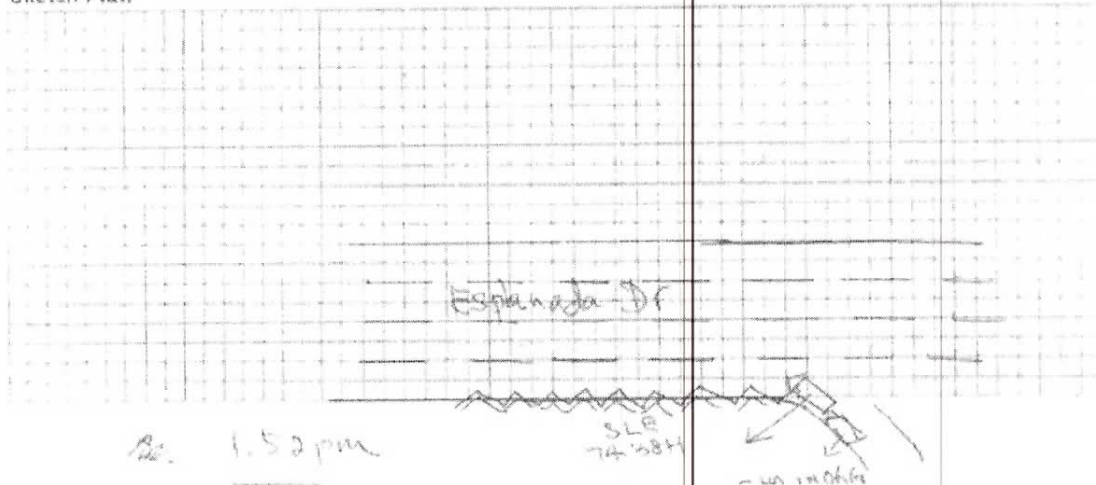
CITY AUTO PTE LTD
 Bk 8 Sin Ming Road
 #01-58/59/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7944
 (Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



I was driving and turning out to exits on Esplanade Drive. I waited for traffic to clear but the cars were still charging forward. While waiting, the taxi behind me (SHA14069) bumped into me at the back, causing my bumper to crack & my car pushed forward by 2 in.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel	
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