

ASS. REC. BY:

REF: CS/EQI2200088/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: **GBG 6503R**

Policy No. _____

Claims No. **DM21HO01960/JT**

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: **SGA9119U.** Yr Regn: **2015 / May.**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Mazda 6** c.c. **1998**Colour: **White** A/C: Insured / Std / NI / NASp. Reading: **207410** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JM6GJ10/260204.888**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **225/55R17**R: **225/55R17.**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. **28/12/2021**D.O.I. **05/01/22**

Survey held at

Kai MolerDes. of Damages: **Frnt** / 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 EQ.
19/5/22	Adrian informed LS \$1700 (Red 1316.90, 43%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: **2**

1)

☐ : Final ReportResurvey No. of Trip: **1**

Date/Time, File Return to?

2) **19/5/22-typist**Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Inve (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

3 + PS, SI

Photos

Others

Report Format: **TP**Lump Sum / L.R. : **LS \$1700**

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	29/12/2021 18:10 (SGT)
Date of Accident	28/12/2021 17:26 (SGT)
Exact Location of Accident	5000 Ang Mo Kio Ind Park 2, Singapore 569554
Additional Location Information	CARPARK OF ANG MO KIO TECHPLACE II BLK 5000
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA9119U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG KIM YOONG
NRIC No	SXXXX403C
Email Address	rick0328@singnet.com.sg
Mobile Phone No	(Phone) +65-98213984
Alternative Phone No	(Home) +65-63843585

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	2000

INSURANCE COMPANY

Name of Insurance Company	Aviva Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	11067499
Cover Note Number	-

DRIVER

Name of Driver	CHONG KIM YOONG
NRIC No	SXXXX403C

Date Of Birth	02/04/1963
Occupation	Indoor
Date Of Driving Pass	13/07/1981
Driving experience	40 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98213984
Alt. Phone Number	(Home) +65-63843585
Email Address	rick0328@singnet.com.sg
Address	BLK 262B COMPASSVALE STREET #09-105
Address complement	-
Postcode	542262
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

REFER TO STATEMENT AND SKETCH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6503R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	STANLEY
Contact Number	(Phone) +65-88115189
Address	-

Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

TECHNICAL REPORT

1. Description of the accident and the damage to the property

2. Details of the investigation and the findings

3. Details of the damage to the property and the value of the property

4. Details of the damage to the property and the value of the property

5. Details of the damage to the property and the value of the property

6. Details of the damage to the property and the value of the property

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28. Details of the damage to the property and the value of the property

29. Details of the damage to the property and the value of the property

30. Details of the damage to the property and the value of the property

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.
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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgment 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:

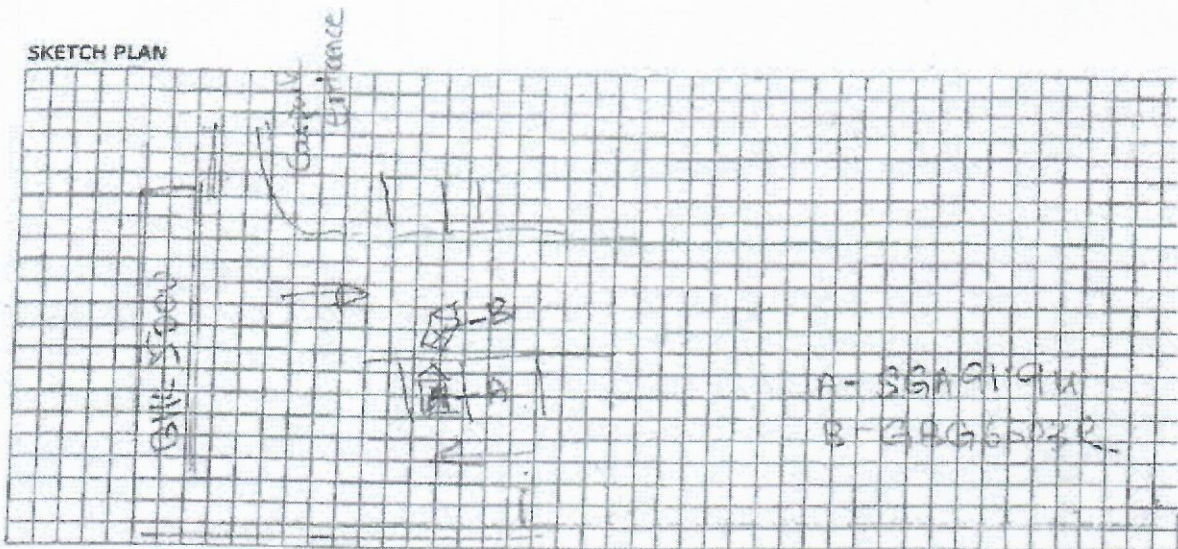
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

CONFIDENTIAL ENGINEERS PTE LTD
EXTERNAL BUSINESS DIV. URB BRANCH
NAME & SIGNATURE: _____
DESIGNATION: _____ DATE: _____
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the date of 28/2/2021, about 5:12pm, I was park my car SGA91194 at the parking lot, about 5:45pm, I have saw a note on my car, A person Name call Stanley had accidentally bang my car, After I have also saw the my car front camera's clearer record it.

DECLARATION

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


Police Officer's Signature
Date & Time


Owner's Signature
If vehicle is not the policyholder's

CONFORTABLE ENGINEERING PTE LTD
2001-2002 ROAD, #01-01, AN HUB@
SINGAPORE 110001
Reporting Officer's Signature
Name: