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# CS/CTI22000838/Aty3

450	IGNMENT
From: Date:	Veh No: 5m x8973 J. Yr Regn: 2016, Aynt.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: BMW 218; Covae c.c 1499.
at Workshop m/s	Colour While - A/C: Insured / Std / NI / NA
of	Sp.Reading 34653 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WBA2F12070V758119.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 225/45R17
(Policy Condition)	R: 225/45R17
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIS / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal mm L/Bal mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 26/01/22
Lum Sum: % 3 Val.: Yes or No	Survey held at 57 25/1/2022
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	EJGC Auto Comunicações Res Lexis DRI STORAUS
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction   TP Chisa	
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Date/Time, File Pass to? : Preli. Report	Days Of Repair: 6
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee	s:: Site Insp (\$)s+Rssi
	Interview (\$ ) Photos
Faport Forms :	: Tech, Invs (3 ) Others
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

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 10/08/2021 18:11 (SGT) Date of Accident 07/08/2021 14:00 (SGT) **Exact Location of Accident** Killiney Rd, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMX8973J

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN HAN YONG ERIC NRIC No S8021096E Email Address giovan26@yahoo.com Mobile Phone No (Phone) +65-97687026 Alternative Phone No +65-97687026

#### VEHICLE PARTICULARS

Manufacturer

RMW Model 218i 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 1499

#### INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD21V04244/VPC/R00 Cover Note Number

#### DRIVER

Name of Driver TAN HAN YONG ERIC NRIC No S8021096E

Vehicle Category	Deisset
Name of D.	Private car
Contact Number	-
Address	-
	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Desire	-
Nature Of Damage	
Details of property damaged in accident	
No Of Passenger (Including Driver)	
tro. or assenger (melading Driver)	-

# WITNESS DETAILS

## WITNESS 1

Name UNKNOWN Fhone Email

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's Signature /	Date 6			policyholder) / Date	-1014	10/08/



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



Report No. T/20210807/7024

CONTINUATION OF REPORT

Details of V	ehicle Insurance	ALL DE LA CONTRACTOR		
SMX8973J	LIBERTY INSURANCE PTE LTD	Insurance No		Exploy Date
	THE PRODUCTIVE PIETID	SD21V04244	12/03/2021	11/03/2022

No. of Pedestria	ns Injured: NIL	Use of P	edestrian Cros	sing: NA
Name	TAN HAN YONG ERIC		ID No.	\$8021096E
Related Vehicle	NIL		Contracti	
Hospital/Clinic	Attr		Contact No.	97687026
Paspital/Clinic NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL

# **Brief Details**

I was parked along Single! ComCentre on Killiney Road from 11am. When I returned to my vehicle at 4.30pm, I saw a note from a witness letting me know that someone has bang my car from the rear and left. I checked my car camera and indeed someone has banged into my car when trying to park. Upon inspection a piece of the cover on the rear bumper has fallen off and there are some dents (could not see from the photos). I have also attached video footage of the incident. The owner of the other vehicle just left without leaving any notes.