

CS/CTI22001199/Avy3

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: **SMK 2272G**

Policy No. **DMPCSNW00058292100**

Claims No. **SNM22D200746/C02**

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SMC3120Y** Yr Regn: **2009 / Jan.**

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

Truck / Trailer or

Make: **Mercedes Benz c200** c.c. **1796**

Colour: **White** A/C: Insured / Std / NI / NA

Sp.Reading: **210853** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WDD2040412A217470**

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

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

Brake: **Inorder** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **225/45R18**

R: **225/45R18**

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

TOYO / YOKO or

Foundor

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. **27/1/2022** D.O.I. **09/02/22**

Survey held at **SR**

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 China.
11/4/22	Adrian informed LS \$2350 (red 24,041.49, 91%)
	MV :
	PV :
	Nett :

WE Expiry: 19/01/29.

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: **3**

Resurvey No. of Trip: _____

1)

Date/Time, File Return to?

2) **12/4/22-typist**

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

3 + PS \$ _____

Photos

Others

Report Format: **Merimen**

Lump Sum / L.B. C **LS \$2350**

Date of Accident : 27 Jan 2022 Accident Time: 1530 hrs (24-HR-Format)
Accident Place : Along Whitchurch Road
Vehicle. No. (Car Plate No.) : SMC 3120 Y Make/Model: Mercedes Benz C200
Insurance Company : NTUC Policy No: 5122528335
Owner or Company Name /IC No. : Loh Jun Yong, Vincent (S883576PZ)
Owner or Company Contact No. : 9112 0653 Owner's Hp - Company Tel -
DRIVER'S Name / IC No. : - SAME AS ABOVE -
DRIVER'S Date Of Birth : 19/09/1988 DRIVER'S License Pass Date 30 Oct 2008
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: -
DRIVER'S Address : Blk 109D Canberra Walk #10-350 S754109
DRIVER'S Contact No./ Alt No. : 1) 9112 0653 2) -
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : VINCENTLOHJY@GMAIL.COM
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 0
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): -

Other Party Driver's Particular (if any)

Vehicle. No: SMK 2272 G
Vehicle Make\Model: _____
Name Driver: Marc Wiethuechter
IC No. Driver/Contact: 9867 2939

Vehicle. No: _____
Vehicle Make\Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

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**.
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;

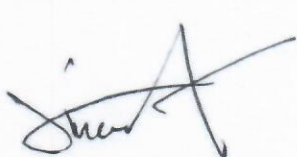
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



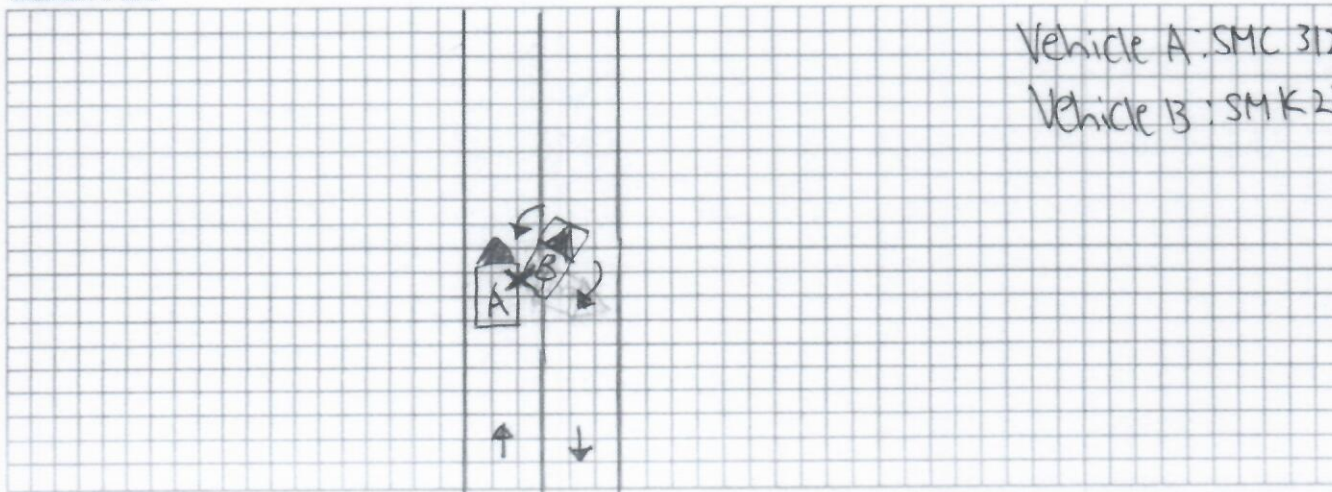
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan

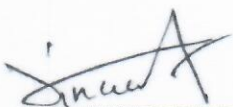


Describe Circumstances of the Accident

On the stated date and time, I vehicle A was parked stationary on the stated venue. When I went back to retrieve my vehicle at about 1730hrs, I realised that the right side portion of my vehicle is badly damaged along with a note on my windscreen. I called the number provided on the note and realised that it was vehicle B who have collided onto my vehicle while reversing.

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