

ASS. REC. BY:

REF: CS/CTI22001755/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: SMS 4356T

Policy No. DMPCSNW00255222101

Claims No. SNM22D201326/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: SMK7660L Yr Regn: 2019, April

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

Truck / Trailer or

Make: Hyundai Avante c.c. 1591

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 29470 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH08410MKU891914

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: 195/65R15

R: 195/65R15

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

TOYO / YOKO or Nexen.

Front

Rear

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

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

D.O.A. 22/2/2022 D.O.I. 24/02/22

Survey held at JL Perfect.

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
30/6/22	Adrian informed LS \$12,700 (red 21,067.36, 62%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2) 4/7/22-typist

Days Of Repair: 11

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

Report Format: Merimen

Lump Sum / L.B.C. LS \$12,700

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Insp (\$)☐ Weekend (\$)

VEHICLE NO: SMK7660L

MAKE & MODEL: Hyundai Avante

AUTO / MANUAL ☒ AUTO

DATE OF ACCIDENT

22 / 02 / 2022

CC: 1.6

TIME OF ACCIDENT

15:55 AM / PM ☒ PM

LOCATION OF ACCIDENT

PKE (changji) Before Lornie Rd Exit

EXACT PURPOSE USED AT TIME OF ACCIDENT

EMPLOYMENT / PRIVATE USE / PRIVATE HIRE

NAME OF OWNER

Derek Ee

EMAIL

-

Office: -

MOBILE: -

NRIC

S92254408

CLAIM TYPE

OD / THIRD PARTY / REPORTING ONLY

FLEET POLICY

YES / NO ?

INSURANCE CO.

Budget Direct

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO.

P10355705R01

NAME OF DRIVER

AS ABOVE / IF NO: Angelyn Ong Hui Sze

NRIC

S95065326

DATE OF BIRTH

19 / 02 / 1995

ANY PASSENGER

YES / NO: -

NAME OF PASSENGER

-

GENDER OF PASSENGER

MALE / FEMALE -

OCCUPATION

Outdoor / Indoor ☒ Indoor

DATE OF DRIVING PASS

03 / Oct / 2014

GENDER

Male / Female ☒ Female

CONTACT NO.

Mobile: 9749 9786 Office: Home:

EMAIL

angelynonghuisze@gmail.com

ADDRESS

Blk 119 Simei St 1 #07-504 (S) 320119

DOES DRIVER OWN OTHER VEHICLES?

No / If yes: Reg No.

INSURER

RELATIONSHIP

Employee / If No: Friend

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who?

CONTACT NO.

POLICE REPORT

No / If yes: Where?

NOTICE OF INTENDED PROSECUTION GIVEN?

NO/IF YES: WHO?

VEHICLE B NO.

SMS 4356T

Any Passenger:

NAME

CONTACT NO.

VEHICLE C NO.

SNA 1617T

Any Passenger:

VEHICLE D NO.

SJN210T

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

WAS THERE ANY VIDEO CAPTURE?

YES / NO

WAS THERE ANY AUDIO RECORDED?

YES / NO

SCENE ACCIDENT PHOTOS TAKEN?

YES / NO

**WORKSHOP:

Have you been approach by unknown person soliciting (s) /

offering accident claims assistance?

YES / NO

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.

Derek

Policyholder's Signature / Date &
Time

Angela

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

Witnessed by Reporting Centre
Personnel

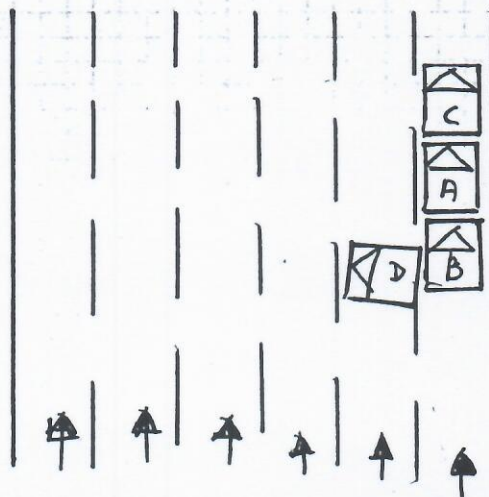
Sketch Plan

veh A: SMK 7660L

veh B: SMS 4356T

veh C: SNA1617T

veh D: SJN 210T



Describe Circumstances of the Accident

Handwritten notes in the 'Describe Circumstances of the Accident' section:

- Top right: A large, stylized signature or set of initials, possibly 'Derek'.
- Middle right: A smaller signature or set of initials, possibly 'Derek'.
- Bottom left: A signature, possibly 'Derek', with a long horizontal line extending to the left.

Declaration

We declare the foregoing particulars are true in every respect.

Derek

Policyholder's Signature / Date &
Time

Angela

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

Witnessed by Reporting Centre
Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SMK7660L) WAS TRAVELLING STRAIGHT ON LANE 1 OF PIE(CHANGI) BEFORE LORNIE ROAD EXIT. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE AND THE HUGE IMPACT CAUSE MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEHICLE C (SNA1617T) REAR PORTION. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SMS4356T) THAT HAD COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT THIS IS A 4CARS CHAIN COLLISION.

VEHICLE A : SMK7660L

VEHICLE B : SMS4356T

VEHICLE C : SNA1617T

VEHICLE D : SJN210T

Derek

Angela