

ASS. REC. BY:

REF:

CS/CTI22002515/Aqy3

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: _____

Policy No. _____

Claims No. _____

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: 5 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: SMU256P Yr Regn: 2020 / July

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

Truck / Trailer or

Make: Mercedes Benz C.C. 1332

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

Sp. Reading: 14752 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD1770842J075564

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: 205/60R16

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

TOYO / YOKO or Continental

Front Rear

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

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

D.O.A. D.O.I. 21/03/22

Survey held at Twin Car

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Front o/s

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

Date / Time	Action / Instruction
	<u>TP Check</u>
	<u>LS \$10300, 5 days. (Red \$7141.36, 41%)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

☐

: Preli. Report

1) 20/09 Typist

☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 5

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

\$ + RS. \$

Photos

Others

Report Format:

MER-TP

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	17/03/2022 15:34 (SGT)
Date of Accident	17/03/2022 08:25 (SGT)
Exact Location of Accident	Near 602 Clementi West Street 1, Singapore 120602
Additional Location Information	Blk 602 Clementi West 1 Open Car Park
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU256P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Woo Yong Zhen
NRIC No	S7520821I
Email Address	wooangie@hotmail.com
Mobile Phone No	(Phone) +65-97677808
Alternative Phone No	+65-97677808

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
Variant	SE AUTO
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	1332

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000472894-01
Cover Note Number	-

DRIVER

Name of Driver	Woo Yong Zhen
NRIC No	S7520821I

Date Of Birth	01/07/1975
Occupation	Indoor
Date Of Driving Pass	22/11/2003
Driving experience	18 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97677808
Alt. Phone Number	+65-97677808
Email Address	wooangie@hotmail.com
Address	Blk 602 Clementi West St 1 #08-18
Address complement	Singapore
Postcode	120602
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 on collision
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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 Sketch Plan

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU9396X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Suraj Tiwari
Contact Number	(Phone) +65-82541314
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

PASSENGER 1

Name Unknown
Gender Male

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Woo Yong Zhen
Gender Female
Phone No (Phone) +65-97677808
Address Blk 602 Clementi West St 1 #08-18
Address Complement Singapore
Post Code 120602
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMU256P
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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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.

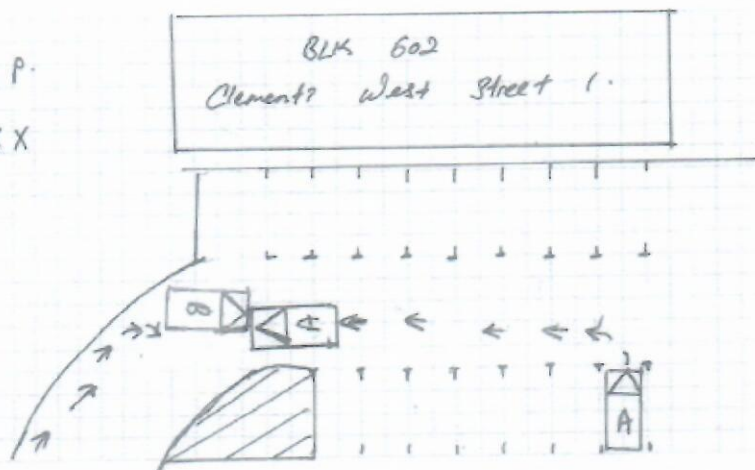
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) 3MU 256 P
(B) 8LU 9396 X



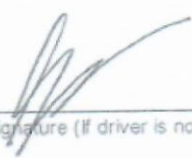
Describe Circumstances of the Accident

On 17/03/2022 at @ 0825 hrs, I was driving my vehicle (SMU 256P) out of the parking lot in front of BLK 602 Clementi West St 1 (Open Carpark), and was travelling straight on the left towards the exit of the carpark. Suddenly, a car (SLU 9396X) coming in to the carpark, came into my path after making a right bend turn. As a result, the said vehicle head-on with my vehicle.

Declaration

I/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