

CS/CTI22002929/Aqy3

ASS. REC. BY:

REP:

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. **SNM22D202144/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: **9** 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: **Smw 163 SL** 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: **Red** A/C: Insured / Std / NI / NA

Sp. Reading: **76319** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KMHD841CM KU865794**

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: **205/55R16**

R: **205/55R16**

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

TOYO / YOKO or **Tourador**

Front **06** mm Rear **06** mm

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

D.O.A. _____ D.O.I. **29/03/22**

Survey held at **HD 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 Ching
19/05/22@12.02pm	revised to Pauline Tham via Merimen.
	LS \$9400, 9 days. (Red \$21893.20, 70%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐

: Preli. Report

1) **19/05 Typist**

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: **9**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Invs (\$ _____)

☐ S + PS \$ _____

☐ Photos

☐ Other

Report Format: **MER-TP**

SINGAPORE ACCIDENT STATEMENT

Accident Date: 28/3/2022	Time: 16:25hr	(hh:mm) 24 hr format
Location PIE (Changi) Before Thomson Rd Exit		
Vehicle Number SMW1635L		
Insured Name Kevin Ho Choon Wei		
NRIC / FIN S8140564F	Contact Number 9777 4322	
Make Hyundai	Model Aventura	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (✓) Third Party () Reporting		
Insurance Company China Tramping		
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number DMHC SN W00004132100		
Name of Driver	(✓) Same as Insured	
NRIC / FIN -	Contact Number -	
Date of Birth 23/12/1981		
Driving Pass Date 28 Feb 2002		
Occupation () Indoor (✓) Outdoor		
Gender (✓) Male () Female		
Email Address abc8627e@gmail.com	() NO EMAIL	
Address of Driver 99 Aljunied Crescent #11-395 (S) 380099		
Was driver an employee of the Insured's Company? () Yes (✓) No		
If No, Relationship of the Driver with the Insured		
(✓) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions () Clear (✓) Raining () Others		
Road Surface () Dry (✓) Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (✓) No		
Was anybody injured in the accident? (✓) Yes () No		
If yes, injured detail Driver (SMW 1635L)		
Was there any video captured by Car Camera? () Yes (✓) No		
Was the Accident reported to the Police? (✓) Yes () No	If yes attach police report	
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B SKA3G		
Veh C SLZ8906E		
Veh D SME3471Z		
Veh E		
Veh F		

4 1 passenger

① Grab Female passenger

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.

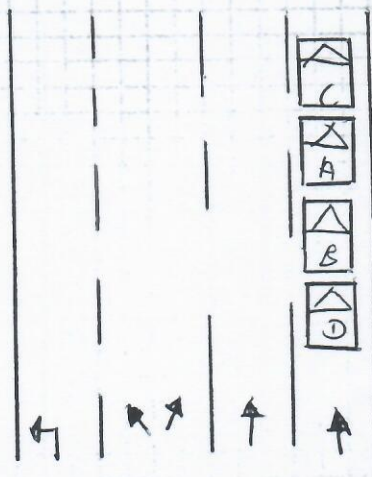
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

veh A: SMW1635L
veh B: SKA3G
veh C: SLZ 8906E
veh D: SM E3471Z




Describe Circumstances of the Accident


Handwritten notes and diagrams on lined paper:

- A large 'X' in the top right corner.
- A series of wavy lines and 'X' marks forming a diagonal path across the middle right section.
- A small 'C' with a line through it in the center.
- A signature-like scribble in the bottom left corner.

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

ON THE STATED DATE AND TIME. I, VEHICLE A (SMW1635L) WAS TRAVELLING STRAIGHT ON LANE 1 OF PIE(CHANGI) BEFORE THOMSON 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 VEHICLE. THE HUGE IMPACT CAUSE MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEHICLE C (SLZ8906E) REAR PORTION. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SKA3G) THAT HAD COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT THIS IS A 4CARS CHAIN COLLISION. I ALSO WISH TO STATE THAT I GOT 1 PASSENGER IN MY CAR.

VEHICLE A : SMW1635L

VEHICLE B : SKA3G

VEHICLE C : SLZ8906E

VEHICLE D : SME3471Z

A handwritten signature in black ink, appearing to be 'J. Smith', is written over the vehicle list.