

Stere

CS/AIS 22004793/eqy3

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. _____

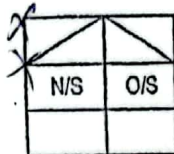
Claims No. 2022 22004793FR

Sum Insured: _____ Excess: 1000

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

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: SM236054 Yr Regn: 23/4/21

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

Truck / Trailer or

Make: BMW 218i c.c. 1499

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

Sp. Reading: 12617 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA12AK0307H6V353

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225/40R18

R: 11

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 4 mm

R/Bal. 4 mm

L/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 7/5/22

D.O.I. 11/5/22

Survey held at

Performance

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

FRONT N/S

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

Date / Time Action / Instruction

MV-134K

11/05/22@3.39pm revert to AIS by email.

11/05/22@5.58pm Muhammad Faiz informed C/A & ex:\$1000 by email.

12/05/22@9.32am Informed Inthiran C/A & ex:\$1000 by email.

30/08/22@10.27am confirmed with Jing Xuan final fig \$16779.35, 8 days.

(Red \$3659, 18%)

Date/Time, File Pass to?



: Prel. Report

1) 30/08 Typist.



: Final Report

Date/Time, File Return to?

2)

Report Format: OD

Lump Sum / L.B.E (\$) 16779.35

Days Of Repair: 8

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

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	09/05/2022 10:42 (SGT)
Date of Accident	07/05/2022 20:15 (SGT)
Exact Location of Accident	Pavilion Cir, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ3605U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SARASWATHI D/O RAMACHANDRAN
NRIC No	S1735488D
Email Address	IDSTASHA@GMAIL.COM
Mobile Phone No	(Phone) +65-90118959
Alternative Phone No	+65-90118959

VEHICLE PARTICULARS

Manufacturer	BMW
Model	218I GC MSPT, LED HL, FL
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2001457397
Cover Note Number	-

DRIVER

Name of Driver	ASHA TAMIZH KANNAN
NRIC No	S9811074G

Date of Birth	31/03/1998
Occupation	Indoor
Date Of Driving Pass	22/02/2021
Driving experience	1 YEAR AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96349387
Alt. Phone Number	-
Email Address	LOSTASHA@GMAIL.COM
Address	12 LEITH PARK
Address complement	-
Postcode	547963
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collided into Parked Vehicle
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KAYAL SUBRAMANIAM
Gender	Male

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

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE113B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

MS SANDY
(Phone) +65-91441133

-
-
-
-
-
-


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 willful 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:

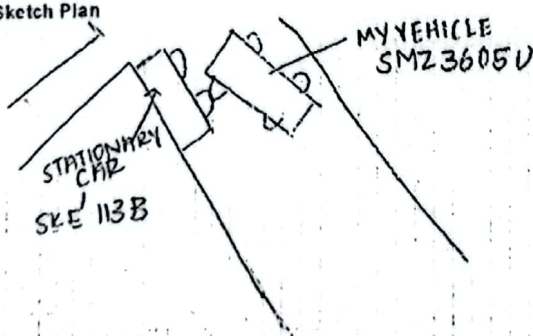
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (b) collectively the "Purposes")
- (c) 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
- (d) 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

 09 May 2022
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident


LICENSE PLATE: SMZ3605V	ACCIDENT DATE & TIME: 7 May 2022, 8.15pm
CONTACT NUMBER: 9634 9387	E-MAIL ADDRESS: lostasha@gmail.com
LOCATION: Pavilion circle (opposite 37 pavilion circle specifically)	
<p>On 7 May 2022, Saturday at 8.15pm on Pavilion circle, the car had swerved to the left and hit the back right wheel of an empty stationary car with the number plate SKF 113B. Immediately after the collision, I came out of the car and observed that the front left wheel of my car had given way. The stationary car was parked at the side of the road.</p> <p>The following important information should be noted:</p> <ul style="list-style-type: none"> → The car swerved on a downslope road and hit the car that was parked on the slope → It was raining → Accident occurred in a landed estate → Many cars were parked on the left side of the lane → I had not an emergency brake when the car swerved to the left → No physical injuries from both side from the collision → The other car owner may be claiming against the policy. 	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input checked="" type="checkbox"/> Claim ODP at other workshop	<input type="checkbox"/> Reporting Only

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 9 May @ 9.10am

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

 9 May @ 9.10am

Witnessed by Reporting Centre Personnel


MESSAGE OUTSTANDING

<Vehicle Information>

SMZ3605U
00085413
WBA12AK0307H64353
NC S/Area: V1
WBA12AK0307H64353
Reg'dt.: 23/04/2021
Prod'dt.: 00000|2021-01
EnginCd: -----
EnginNo: 43736286B38A15F
RadioCd:
Cat.....

Model: 12AK F44/218i Gran Coupe/B38
Color: A75 Melbourne Red
Trim.: KKSU Cloth 'Trigon'/Sensatec | Black | B
InsCo: 238 AXA Insurance Pte Ltd
IU No: 1220410029
Wty Exp...: 22/04/2023 Last R/O...: 1639025
E-Wty Exp: 22/04/2026 Last Mile...: 10,275
Key A..... Last S/Date: 04/03/20
Key B..... Next S/Date: 23/04/20
StockDate: 19/02/2021 MOT Due Dt.:
WTY STDate: 23/04/20

Option	Sub Option	Description
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>DFA	SOL2	SET SF PREMIUM GRP A
ffo	1AG	LARGER-CAPACITY FUEL TANK

Set film