

Stere

CS/AIS 22004793FR

## 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

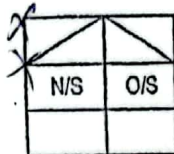
Sum Insured: \_\_\_\_\_ Excess: 1000

(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

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

Date / Time Action / Instruction

MV-130K

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

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

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

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

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

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

\$ + 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 |
|-----------------------------|----------|

#### 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:

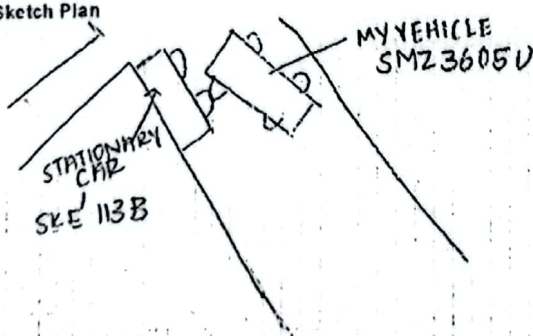
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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"> <li>→ The car swerved on a downslope road and hit the car that was parked on the slope</li> <li>→ It was raining</li> <li>→ Accident occurred in a landed estate</li> <li>→ Many cars were parked on the left side of the lane</li> <li>→ I had not an emergency brake when the car swerved to the left</li> <li>→ No physical injuries from both side from the collision</li> <li>→ The other car owner may be claiming against the policy.</li> </ul> |  |
| <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  


## &lt;Vehicle Information&gt;

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 |
|--------|------------|-------------|
|--------|------------|-------------|

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

*Sek-film*