

ASS. REC. BY: _____ REF: _____

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 Rport: _____ 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
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S1C42278L Yr Regn: 2010, Dec
 Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Bmw 318i c.c. 1995
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 191768 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBAPF72050A794276
 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: 255/35R18
 R: 255/35R18
BS (DUN) / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front Rear
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 07/06/22
 Survey held at JL
 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 Check. LOE Expiry: 30/09/30. |
| | |
| | MV: |
| | PV: |
| | Nett: |
| | |
| | |

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?

Days Of Repair: _____
 Resurvey No. of Trip: _____

| | |
|-----------------|-------|
| Survey Fee: | _____ |
| Transportation: | _____ |
| 3 + RS. SI | _____ |
| Photos | _____ |
| Others | _____ |

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

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 | 06/06/2022 19:18 (SGT) |
| Date of Accident | 05/06/2022 19:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | WOODLANDS AVE 5 TOWARDS WOODLANDS AVE 3 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SKU2278L |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | CHAN BEE LENG |
| NRIC No | S6903166H |
| Email Address | ABC8627E@GMAIL.COM |
| Mobile Phone No | (Phone) +65-94361096 |
| Alternative Phone No | (Home) +65-94361096 |

VEHICLE PARTICULARS

| | |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer | BMW |
| Model | 318i |
| 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? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 0 |

INSURANCE COMPANY

| | |
|---------------------------------|-------------------------|
| Name of Insurance Company | FWD Singapore Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | PNPV2020-000010303-01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|---------------------|
| Name of Driver | GAN JUN LIN, JULIAN |
| NRIC No | S9634221G |

| | |
|--------------------------------------------------------------|-----------------------|
| Date Of Birth | 17/03/1996 |
| Occupation | Indoor |
| Date Of Driving Pass | 17/03/2017 |
| Driving experience | 5 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94791919 |
| Alt. Phone Number | - |
| Email Address | ABC8627E@GMAIL.COM |
| Address | 21A JALAN TARI PAYONG |
| Address complement | - |
| Postcode | 799292 |
| 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 | Collision - Head to Rear |
| 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 | LIM YI XIN |
| Gender | Female |

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 ATTACHED.

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 | SLJ1476J |
| 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) -

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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

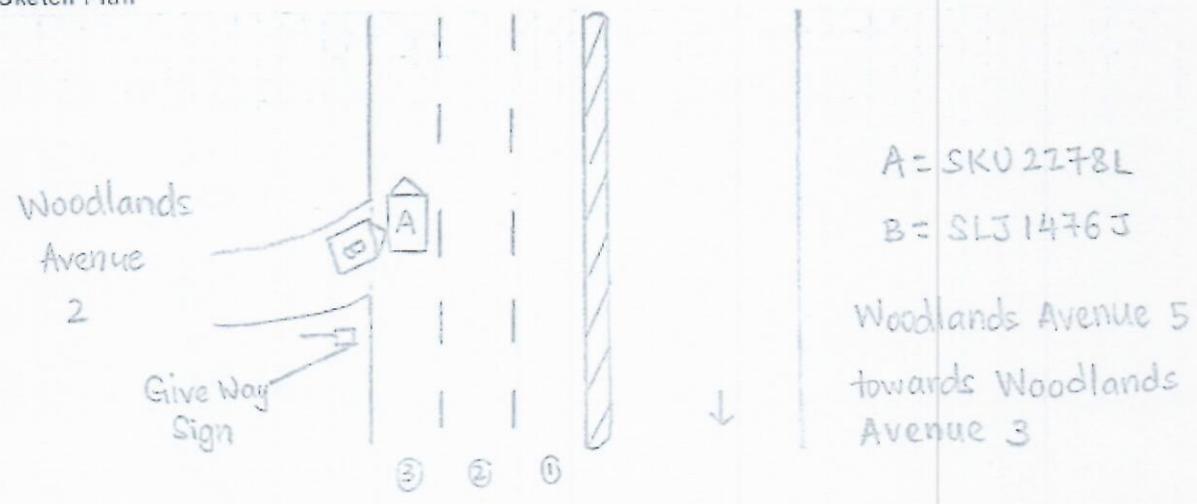
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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' law yers/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 law yers/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



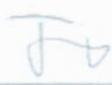
Describe Circumstances of the Accident

Refer to Attached

Declaration

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 05.06.2022 at about 19:45 hours along Woodlands Avenue 5 towards Woodlands Avenue 3, I was travelling straight on lane 3 at the above mentioned location and suddenly I heard a loud bang and felt a great impact.

When I alighted, I realised it was vehicle (B) that dashed out from the left hand side slip road (Woodlands Avenue 2) without giving way to the major road, hence collided onto the rear left hand side portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): SKU 2278L

Vehicle (B): SLJ 1476J

A *Jo*