

Ass. REC. BY:

REP:

CS/CTI22005710/Anc

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. DMHCSNA00008142202

Claims No. SNM22D204151/C02

Sum Insured:

Excess:

(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: 4 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:

SLZ 1402M

Yr Regn:

2018 April

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

Truck / Trailer or

Make:

Audi A3

c.c

999

Colour:

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

170707

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WAUZZZ8V 6J1055658

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: 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

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

15/06/22

Survey held at

NSI

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 Chm.

18/08/22 lump sum: \$4000 and 4 days

MV: (red, \$6557.49, 62%)

PV:

Nett:

Date/Time, File Pass to?



Preli. Report

1) 18/08/22



Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

Add Fee:



Site Insp (\$



Interview (\$



Tech. Inve (\$

Report Format:

4000

VEHICLE NO:	SLZ 1402 M	MAKE & MODEL:	Audi A3	☒ AUTO ☐ MANUAL
DATE OF ACCIDENT:	13 / 06 / 2022	CC:		
TIME OF ACCIDENT:	1020 HRS			
LOCATION OF ACCIDENT:	Yeo Chu Kang Road Junction Ang Mo Kio Ave 3			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / ☒ PRIVATE USE ☐ PRIVATE HIRE			
NAME OF OWNER:	Mitsubishi HC Capital Asia Pacific Pte Ltd.			
TEL NO:	H/P: 9298 3192 OFFICE: 6734 8835 HOME:			
NRIC:	199400399N.			
ADDRESS:	111, Somerset Road #14-05 (S) 238164.			
EMAIL:	kelvincm.chang@mitsubishi-hc-capital.com.sg			
CLAIM TYPE:	OD / ☒ THIRD PARTY ☐ REPORTING ONLY			
FLEET POLICY:	☒ YES / ☐ NO ?			
INSURANCE COMPANY:	EQ Insurance.			
TYPE OF COVERAGE:	☒ Comprehensive / ☐ Third Party / ☐ Third Party Fire & Theft			
POLICY NO:	DMPP4Q22-004686			
NAME OF DRIVER:	AS ABOVE / IF NO: YEO CHWEE HOCK.			
NRIC:	S 1265474Z. ANY PASSENGER: N.A.			
DATE OF BIRTH:	08 / 04 / 1957. LICENCE PASSED DATE: 28 / 01 / 1978.			
OCCUPATION:	OUTDOOR / ☒ INDOOR			
GENDER:	☒ MALE / ☐ FEMALE			
CONTACT NO:	H/P: 9852 8329. OFFICE: HOME:			
ADDRESS:	29 How Sun Walk Singapore 538451.			
EMAIL:	wjeets@gmail.com.			
DOES DRIVER OWNED ANY VEHICLE:	☒ NO / IF YES, REG NO: INSURER:			
RELATIONSHIP:	Hirer			
WEATHER CONDITION:	☒ CLEAR ☐ RAINING / ☐ OTHERS:			
ROAD SURFACE:	☒ DRY ☐ WET / ☐ OTHER:			
ANY INJURIES:	NO ☒ IF YES WHO?			
NAME & CONTACT:	YEO CHWEE HOCK (H/P: 9852 8329)			
NAME & CONTACT:				
POLICE REPORT:	☒ NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	☒ NO / IF YES, WHO?			
VEHICLE B REG NO:	SME 8755 K. ANY PASSENGERS: N.A. 01 (F)			
NAME OF DRIVER:	CONTACT NO:			
VEHICLE C REG NO:	ANY PASSENGERS:			
VEHICLE D REG NO:	ANY PASSENGERS:			
VEHICLE E REG NO:	ANY PASSENGERS:			
VEHICLE F REG NO:	ANY PASSENGERS:			
VEHICLE G REG NO:	ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	N.A. WITNESS CONTACT: N.A.			
WAS THERE ANY VIDEO CAPTURE?	☒ YES ☐ NO			
WAS THERE ANY AUDIO RECORDED?	YES / ☒ NO			
ACCIDENT SCENE PHOTOS TAKEN?	☒ YES / ☐ NO			
ACCIDENT PORTION:	Rear Portion.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES ☒ NO			
WORKSHOP PARTICULAR:	N-SI Automotive Pte Ltd.			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN.			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

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.

mitsubishi hc capital asia pacific pte. ltd.

X

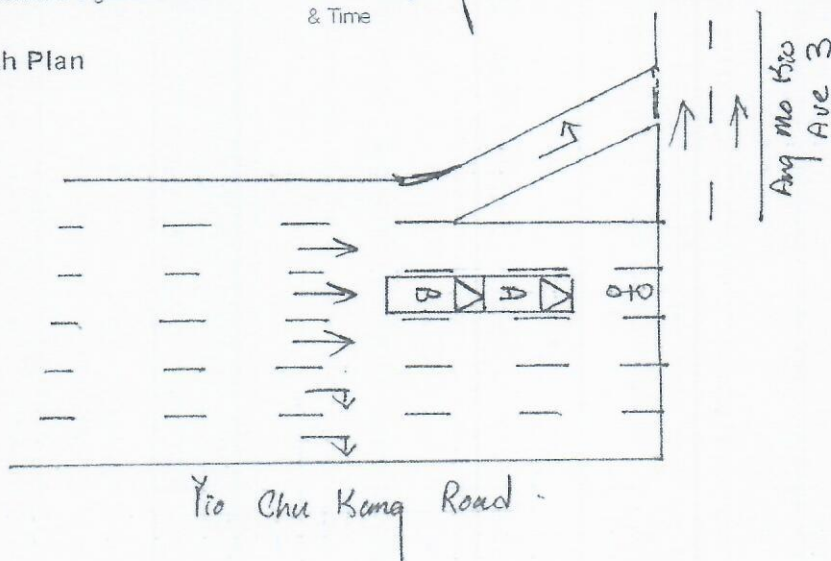
Kevin Chang (Mr)
Manager
Total Vehicle Solutions Department

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SLZ 1402 M

(B) SML 8755 K.

Describe Circumstances of the Accident

On 13/06/2022 at @ 1020 hrs, I stopped my vehicle (SLZ1402M) along Yio Chu Kang Road junction Ang Mo Kio Ave 3 on the 2nd lane from the left due to red light. When the traffic lights turn green, the motorcycle in front did not move and I stopped to wait for the motorcycle to move off. Suddenly, a car (SMK 8755K) from behind collided onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

mitsubishi hc capital asia pacific pte. ltd.

X

Kevin Chang (Mr)
Manager
Total Vehicle Solutions Department

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel