

ASS. REC. BY:

REF: C12 / 22008198KKenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hwe

Insured: _____

Policy No. _____

Claims No. _____

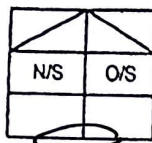
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMF 8907X Yr Regn: 09.09Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mer 2200 CGL c.c. 1796Colour: M. Black A/C: Insured / Std / NI / NASp. Reading: 132039 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W00 2120482A073916Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / SRM / STD A/Rlm orTyre Size: F: 245/35 ER19R: 275/30 ER19

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

TOYO / YOKO or

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 19/8/22

Survey held at

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 3/10/2022Des. of Damages: Frt / Rear / OIS / NIS / UIC / Rooftop or

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

Date / Time Action / Instruction

1 EM not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation

) \$ - RS. SI

) Fixing

) Others

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

Report Format :

Lump Sum / I.B.I: (\$

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 Actual 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 19/08/2022 14:38 (SGT)
Reported by Both
Date of Accident 19/08/2022 08:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information LAVENDER STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF8907X
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner MAHA VIGNESH S/P VELIPPAN
NRIC No SXXXX161C
Email Address mahavignesh911@gmail.com
Mobile Phone No (Phone) +65-98897490
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E 200CGI
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 1796

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number MA018664

DRIVER

Name of Driver MAHA VIGNESH S/P VELIPPAN
NRIC No SXXXX161C
Date Of Birth 09/11/1982
Occupation Indoor

circumstance of the Accident

PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE claim under your Own Comprehensive policy. Pls check your policy for more information.

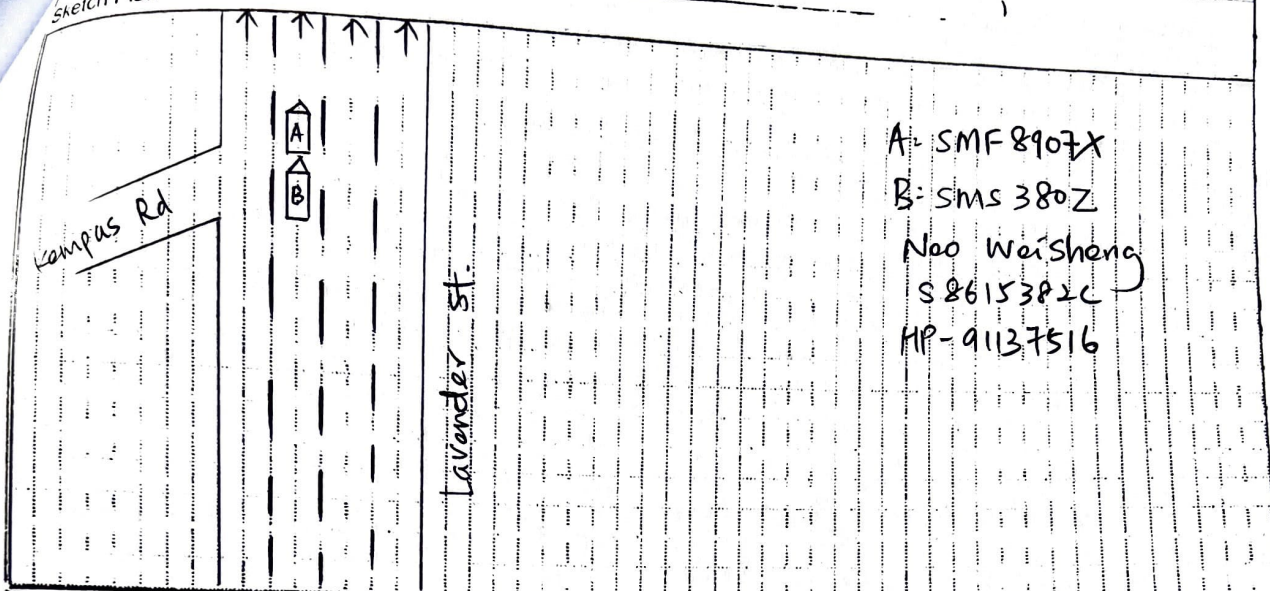
☐ Claim Own Policy

☒ Claim Third party

☐ Claim OD/ TP at other workshop ()

☐ Reporting Only

Sketch Plan




Traffic was heavy and vehicles were slow moving.
Front vehicle stop and I followed to stop. Suddenly
car B rear ended my car. No one was injured.

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
(Name as in NRIC/ID card)

19/8/22

(45)