

ASS. REQ. BY:

REF: C12 / 22008198/Kny3

Kenneth

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. _____

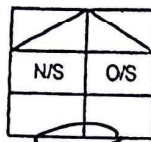
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

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: 09.09

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

Truck / Trailer or _____

Make: M/ 2200 CGI c.c. 1796

Colour: M. Black A/C: Insured / Std / NI / NA

Sp. Reading: 132039 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WOD 2120482A073916

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SRM / STD A/Rlm or

Tyre Size: F: 245/35 ER19

R: 275/30 ER19

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

TOYO / YOKO or Querty

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. 19/8/22 D.O.I. 3/10/2022

Survey held at _____

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

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

Date / Time Action / Instruction

1/ EM not ready

Kenneth informed lump sum: \$2300 / 3 days
(red, 977, 30%)

Date/Time, File Pass to?

☐ : Prell. Report

11/07/11/22

☐ : Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: 2

Survey Fee:

Transportation

S + RS. SI

Fees

Others

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

Report Format :

Lump Sum / I.B.I: (\$ 2300

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 | Etika 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 14 DAYS TIME FRAME for you to submit OWN DAMAGE claim under your Own Comprehensive policy. Pls check your policy for more information.

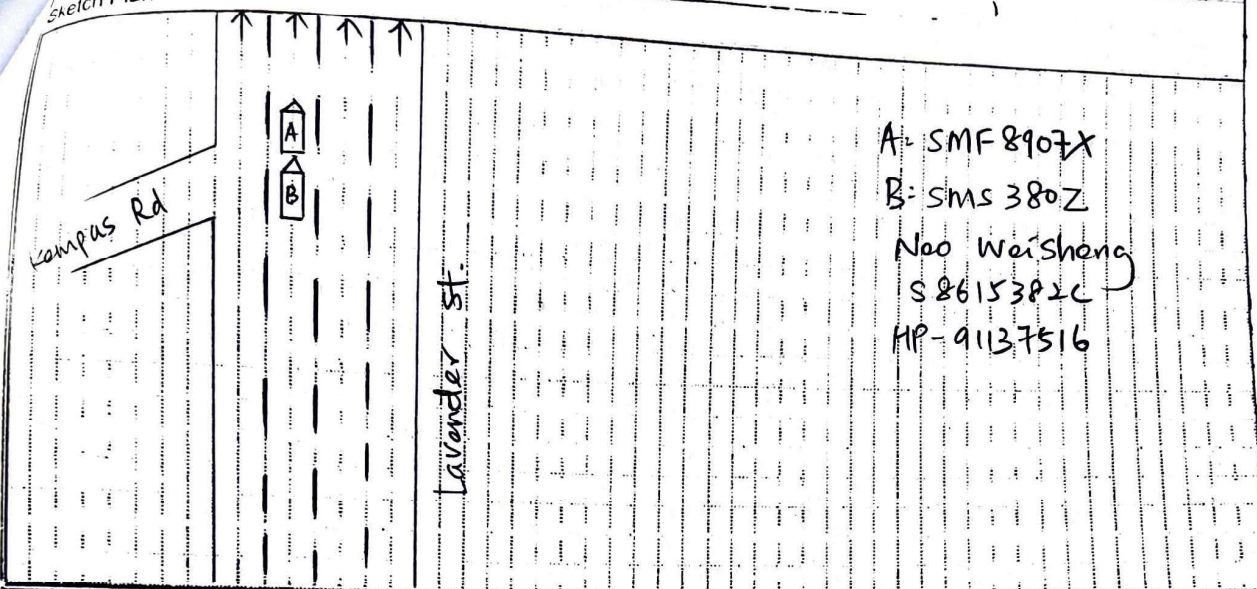
☐ Claim Own Policy

☒ 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

 19/8/22

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

(45)