

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop n/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.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 5 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: SLG 6996H Yr Regn: 15/6/20

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

Truck / Trailer or _____

Make: Hyundai Avante c.c 1591

Colour: Black A/C: Insured / Std / Nil / NA

Sp. Reading: 50780 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHD841CMLU 034880

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or _____

Front R/Bal. 4 mm Rear R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 7/9/22 D.O.I. 12/9/22

Survey held at Mova

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

Front LH

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time	Action/Instruction
	MV-95K waiting estimate

We will be advising our principal for the costs of repairs in \$2994.00 (P/P, before GST), 5 days. Subject to their approval.

(Red \$2780.40, 48%)

Date/Time, File Pass to? : Prel. Report

27/03 Typist : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: MER-TP

Lump Sum / I.C.F. (\$) 2994

Days Of Repair: 5

Resurvey No. of Trip: 2

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

Survey Fee:	
Transportation:	
S + RS. SI	
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 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	08/09/2022 19:04 (SGT)
Reported by	Driver
Date of Accident	07/09/2022 13:00 (SGT)
Exact Location of Accident	536 Ang Mo Kio Ave 10, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG6996H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MOVA AUTOMOTIVE PTE LTD
Company Reg No	1XXXXX033G
Email Address	NITHA@MOVA.COM.SG
Mobile Phone No	(Phone) +65-64763333
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	AD AVANTE 1.6 GLS (A)
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	1591

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	LIONEL SIN LI XIANG@MAK LI XIANG
NRIC No	SXXXX081Z
Date Of Birth	16/01/1995
Occupation	Indoor

Date Of Driving Pass 07/12/2017
 Driving experience 4 YEARS AND 9 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92312757
 Alt. Phone Number -
 Email Address NITHA@MOVA.COM.SG
 Address BLK 259 BISHAN ST 22
 Address complement 14-309
 Postcode 570259
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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 Hit and run / Vandalism / Damaged whilst parked
 Weather Conditions DRIZZLED
 Road Surface Dry

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) 0
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No
 Translator's name -
 Translator's ID -
 Translator's phone number -
 Translator's email -
 Original language used in the statement -

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ZQ9369E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver MR TAN
 Contact Number (Phone) +65-92778301

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
- (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.



[Handwritten signature]

[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

open space
carpark



Describe Circumstances of the Accident

LICENSE PLATE: SLG 6996H ACCIDENT DATE & TIME: Sept 7 1PM
 CONTACT NUMBER: 9231 2757 E-MAIL ADDRESS:
 LOCATION: 536 Ang Mo Kio Ave 10 Open Space Car Park

The car was parked at the carpark at 5AM. So this afternoon I notice that there was a note left on the car wind screen. The note stating (Sorry sir I hit your car. P's call me @ 92118301) (Mr Tan)

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

Please state:
 Claim Own Policy Claim Third Party Claim OD/TP at other workshop Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.



 Policyholder's Signature (Date & Time)

[Signature]

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

[Signature]

 Witnessed by Reporting Officer Personnel

92778301 (MR Tan)

Sorry Sir I hit

Your car pls call
me.

Sept. 7 1PM

~~9277~~

ZR9309E