

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 Rpt: _____ 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: SKT 1294B Yr Regn: 25/5/15Type: M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes-Benz B180 c.c. 1595Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 19767 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD22469427301571Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55R16R: 17

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

TOYO / YOKO or .

Front

R/Bal. 4 mmL/Bal. 4 mmD.O.A. 9/9/22Survey held at V-TelDes. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or

Rear

R/Bal. 4 mmL/Bal. 4 mmD.O.I. 13/9/22

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

Date / Time Action / Instruction

MV-53Krepair range 3K-4K
4 days

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech, Invs (\$

☐

: Weekend (\$

Report Format: _____

Lump Sum / L.S. (\$) _____

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	10/09/2022 14:33 (SGT)
Reported by	Driver
Date of Accident	09/09/2022 20:00 (SGT)
Exact Location of Accident	2 W Coast Ave, Singapore 128062
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT1294B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHEW ENG THIAM
NRIC No	SXXXX973G
Email Address	CET@GOLDPLUS.COM.SG
Mobile Phone No	(Phone) +65-94378286
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	B180
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	1595

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22005403

DRIVER

Name of Driver	CHENG SIEW KEOW
NRIC No	SXXXX757J
Date Of Birth	25/05/1965
Occupation	Indoor

Of Driving Pass	17/01/2006
ing experience	16 YEARS AND 8 MONTHS
ender	Female
Mobile Number	(Phone) +65-97627549
Alt. Phone Number	-
Email Address	CET@GOLDPLUS.COM.SG
Address	42 LAKESIDE DRIVE #08-06
Address complement	-
Postcode	648322
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
Weather Conditions	Clear
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)	4
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

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

ON 09/09/2022 AT ABOUT 2000HRS, VEHICLE A WAS DRIVING ALONG THE CARPARK OF BLOCK 721 CLEMENTI WEST COAST STREET 2. AS VEHICLE A WAS ABOUT TO MAKE ITS WAYOUT OF THE CARPARK. VEHICLE A NOTICES VEHICLE B APPROACHING FROM THE RIGHT. SO VEHICLE A STOPPED. VEHICLE A SIGNALLED TO VEHICLE B TO REVERSE SO VEHICLE A CAN PASS THROUGH, BUT INSTEAD OF REVERSING, VEHICLE B ACCELERATED FORWARD AND COLLIDED INTO VEHICLE A RIGHT REAR PASSENGER SIDE DOOR. VEHICLE A PASSENGER DECIDED TO ASSIST VEHICLE B IN DIRECTING TO REVERSE. BUT INSTEAD OF REVERSING TO THE LEFT SIDE, VEHICLE B REVERSED TO THE RIGHT SIDE EVENTUALLY GRAZING INTO VEHICLE A EVEN FURTHER. . NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

2207053

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	SHA8286P
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	1

SKETCH PLAN

IMPORTANT NOTICE

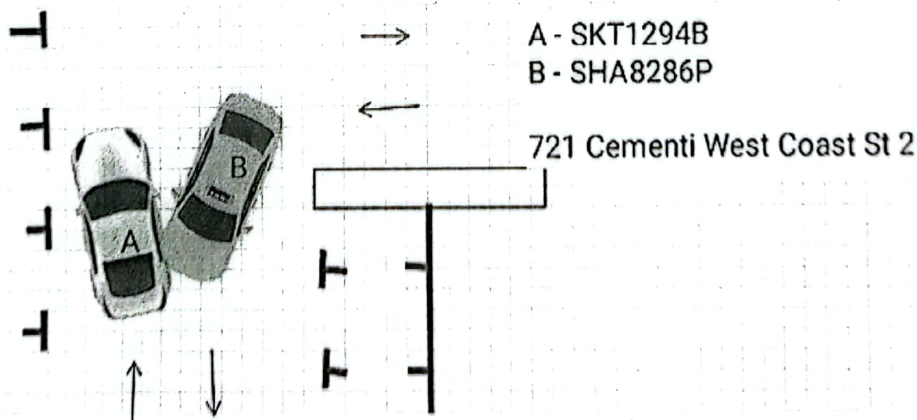
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 firms/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 firms/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 firms/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
10/9/2022 1300hrs


Witnessed by Reporting Centre Personnel

Sketch Plan

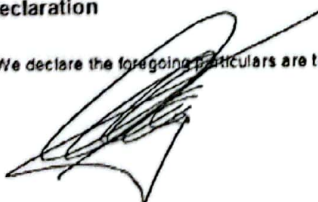



Describe Circumstances of the Accident


ON 09/09/2022 AT ABOUT 2000HRS, VEHICLE A WAS DRIVING ALONG THE CARPARK OF BLOCK 721 CLEMENTI WEST COAST STREET 2. AS VEHICLE A WAS ABOUT TO MAKE ITS WAY OUT OF THE CARPARK. VEHICLE A NOTICES VEHICLE B APPROACHING FROM THE RIGHT. SO VEHICLE A STOPPED. VEHICLE A SIGNALLLED TO VEHICLE B TO REVERSE SO VEHICLE A CAN PASS THROUGH, BUT INSTEAD OF REVERSING, VEHICLE B ACCELERATED FORWARD AND COLLIDED INTO VEHICLE A RIGHT REAR PASSENGER SIDE DOOR. VEHICLE A PASSENGER DECIDED TO ASSIST VEHICLE B IN DIRECTING TO REVERSE. BUT INSTEAD OF REVERSING TO THE LEFT SIDE, VEHICLE B REVERSED TO THE RIGHT SIDE EVENTUALLY GRAZING INTO VEHICLE A EVEN FURTHER. . NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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 10/9/2022 1300hrs


Witnessed by Reporting Centre Personnel