ASS, REG. BV:		
ASSIGNMENT		
From: Date:	Veh No: SDZ987T. Yr Regn: 2015, Jan.	
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	Make: BMW X3, c.c (597	
at Workshop m/s	Colour While A/C: Insured / Std / NI / NA	
of	Sp.Reading 135057 T/Radio: Insured / Std / NI / NA	
Insured:	Eng/No:	
Policy No.	C/No: WBAWY920606E00,860	
Claims No.	Gen. Cond. Good) Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or	
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or	
	Tyre Size: F: 2 + 5/40 R 20-	
(Policy Condition)	R: 245/40R20	
Remark: The veh had commenced its N/S O/S	BS/DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO / YQKO or	
Bal. or Market Value:	Front Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 8/9 mm R/Bal. 0/9 mm	
GIA / PR Seen: Consistent? : Yes or No	L/Bal. Ob mm L/Bal. mm	
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 25/10/22	
Lum Sum: % 3 Val.: Yes or No	Survey held at Success United	
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt Rear O/S N/S U/C Rooftop or	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time Action / Instruction		
TP ALG.	20000000 OT1 2T4 COM CON 2000 00 2 00000 10 2000	
mv :		
PV:		
Nett:		
	Total San	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to?	Transportation:	
Add Eng	Cita Isan (9	

Proport Formet:

Lemie. Geure I & Be fe fie

Photos

Others

SS3722AJ0004 / Success United Pte Ltd ENTRY DATE & TIME: 19/10/2022 19:15 (SGT) SUBMITTED BY: Elise Law Yi Ting VERSION: 1 (19/10/2022 19:15 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

. 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 witholding of material facts may allow insurance companies to repudiate 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

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

19/10/2022 19:15 (SGT) Both 18/10/2022 15:05 (SGT) Near 199 Upper Paya Lebar Rd, Singapore 534875

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SDZ987T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No Lim Chun Hui Richard SXXXX069G dlimchl8@gmail.com (Phone) +65-93876540

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

BMW X3 SDRIVE 20I LED SR NAV

Private use

No - Claiming third party Private car Auto 1997

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Allianz Insurance Singapore Pte. Ltd. SP2002175472-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

Lim Chun Hui Richard SXXXX069G 08/01/1968 Indoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
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 Weather Conditions Road Surface Collision - Head to Rear Clear Dry

20/12/1991

Male

541119

Yes

No

30 YEARS AND 10 MONTHS

(Phone) +65-93876540

dlimchl8@gmail.com

#08-314 Singapore

Blk 119A Rivervale Drive

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) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver NRIC No SMQ2017X --

Private car Ng Suat Tong SXXXX260I

 Contact Number
 (Phone) +65-92728469

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 Inthful 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 Traffic Police Department for investigation.
- 6 This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Ins-Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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 perm 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.

Driver's Signature (if driver is not the policyholder) / Date

Lau Yi Ting Witnessed by Reporting Cer

Sketch Plan

A : SDZ987T 2: SMR2017X

Describe Circumstance of the Accident I was driving at upper Paya Lebar Road turning to Bartley Ro	
on the way to sembawang area. I was waiting to turn left i	
Bortley Road and stopped at the Zebra-crossing Suddenly, the	
veh B (SMB2017x) hit the rear of my car from behind and	
the impact cause my car move forward.	100
	daily
	-

Declaration

I/We declare the foregoing particulars are true in every respect

Pulse August Signature | Date & Time

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

LOW YI Ting

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