

ASS. REC. BY:

REF:

C72 / 22 011152/kw

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:

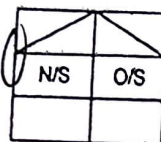
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMY 6593E

Yr Regn:

12, 19

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

Truck / Trailer or

Make:

VolksWagen

Passat c.c

1798

Colour:

M. D. Grey

A/C: Insured / Std / NI / NA

Sp. Reading:

69768

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVW 788302KE 138115

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inopder / Jammed / Leaked / Burnt or

Brake: Inopder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/55R17

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

27/10/22

D.O.I.

9/11/2022

Survey held at

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

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

Date / Time

Action / Instruction

Date/Time, File Pass to?



: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

F. P. S.

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format :

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

7-Nov-22

\times
 \times
 \checkmark
 $2Bd$
 $33d$

10 ANG MO KIO INDUSTRIAL PARK 2A #01-01 AMK AUTOPOINT SINGAPORE 568047
TEL 64835662 FAX 64835663

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 | 27/10/2022 16:56 (SGT) |
| Reported by | Driver |
| Date of Accident | 27/10/2022 08:21 (SGT) |
| Exact Location of Accident | Bartley Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY6593E

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | SAW NANDAR LINN |
| NRIC No | SXXXX937E |
| Email Address | HLABHONEAUNG@GMAIL.COM |
| Mobile Phone No | (Phone) +65-94874735 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|------------------------------|
| Manufacturer | Volkswagen |
| Model | Passat |
| Variant | PASSAT B8 1.8 TFSI AT 3G24JZ |
| 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 | 1798 |

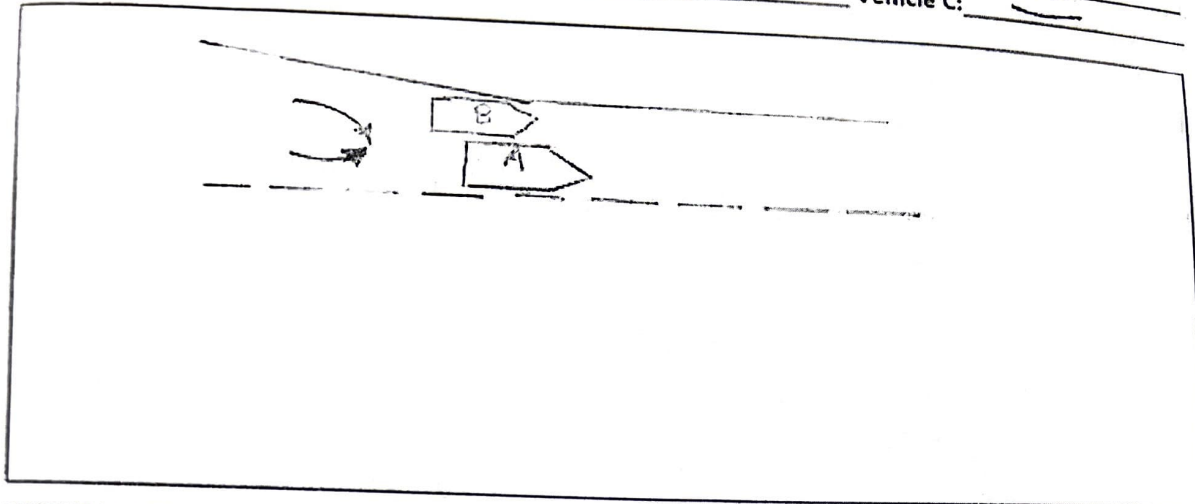
INSURANCE COMPANY

| | |
|-----------------------------------|---|
| Name of Insurance Company | Direct Asia Insurance (Singapore) Pte Ltd |
| Policy Number / Cover Note Number | MT/00937432/01 |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | HLA BHONE AUNG |
| NRIC No | SXXXX247E |
| Date Of Birth | 12/04/1978 |
| Occupation | Indoor |

Date of accident: 27/10/2022 Time: 0821 Location: BARTLEY ROAD
My Vehicle A: SMY6593E Vehicle B: GZ6689D Vehicle C:
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving towards city along Bartley road.
Vehicle B (GZ6689D) overtake from left hand side,
and hit left back mirror and scratch paint
of left door pannel. Vehicle B did not stop
at the point of accident and drove off. The vehicle
B stopped only upon he is back at and stop
about 10 m away from the point of accident.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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:

Ah Lim Motor Company
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: