

Ass. Rec. By:

REF: CS/AGI22012650/Avy3

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: **FBK 9949Y**

Policy No. _____

Claims No. **C20018653/KY**

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 Rport: _____ 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: **SNG8349P** Yr Regn: **2022 Sept.**

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

Truck / Trailer or

Make: **Mazda 3** c.c. **1496**

Colour: **Black** A/C: Insured / Std / NI / NA

Sp. Reading: **28106** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JM6BP2SA7N1151305**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modif: Nil / **S/Rim** / STD A/Rim or

Tyre Size: F: **205/60R16**

R: **205/60R16**

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

TOYO / **YOKO** or

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. **15/11/2022** D.O.I. **19/12/22**

Survey held at **N51**

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

Front n/s.

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

Date / Time	Action / Instruction
	TP Budget Direct
27/3/23	Adrian confirmed LS \$4200 (red 5752.08, 57%)
	MV :
	PV :
	Nett :

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

Days Of Repair: **4**

1) : Final Report

Resurvey No. of Trip: **2**

Date/Time, File Return to?

Survey Fee: _____

2) **28/3/23-typist**

Add Fee: Dire Insp (\$ _____) S + RS _____ SI

3) **TP**

Photo New (\$ _____) : Photos

4) **LS \$4200**

Tech. Inve (\$ _____) : Costs

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	15/11/2022 13:15 (SGT)
Reported by	Driver
Date of Accident	15/11/2022 08:01 (SGT)
Exact Location of Accident	Near Hong Lim Pk, Singapore
Additional Location Information	New Bridge Road towards Kampong Bahru before Upper Pickering Street
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNG8349P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SJ Auto Pte Ltd
Company Reg No	201732057R
Email Address	richardng5558@gmail.com
Mobile Phone No	(Phone) +65-97711118
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0002442

DRIVER

Name of Driver	Lew Sin Keong Philip
NRIC No	S2197631H
Date Of Birth	27/04/1967

Occupation	Outdoor
Date Of Driving Pass	10/11/1997
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-98337705
Alt. Phone Number	-
Email Address	richardng5558@gmail.com
Address	Blk 64 Kallang Bahru
Address complement	#06-387 Singapore
Postcode	330064
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	Collided into Motorcyclist
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)	2
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

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

Refer to sketch plan.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK9949Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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) -

SKETCH PLAN

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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.




 Policyholder's Signature / Date & Time



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

Law Yi Ting

 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As of above date and time, I was driving my vehicle (SVA 8349P) along New Bridge Rd towards Kampong Bahru on the 3rd lane of a 4 lane Rd. Before the junction of Upper Pickering street, My vehicle was stationary due to traffic ahead. The traffic light turned green, but of a sudden vehicle B (FBK 9949Y) collided into the left front portion of my vehicle.

video footage Attached

Declaration

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

Lau Yi Ting

Witnessed by Reporting Centre Personnel