

ASS. FILED BY:

REF: CS/FCI23000359/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: **GBF 9608H**
 Policy No. _____
 Claims No. **D23000164MFCV**
 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: **SMK5358Z** Yr Regn: **2019 April**
 Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Honda Shuttle** c.c. **1496**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp.Reading: **37785** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **GK82001416**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **Inorder** / Jammed / Leaked / Burnt or
 Brake: **Inorder** / Jammed / Leaked / Burnt or
 Mod: Nil / **S/Rim** / STD A/Rim or
 Tyre Size: F: **185/55R16**
 R: **185/55R16**
 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. **10/1/2023** D.O.I. **11/01/23**
 Survey held at **3L Perfect**
 Des. of Damages: Frt / **Rear** / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP 1st Cap.
20/3/23	Adrian confirmed LS \$5400 (red 9750.72, 64%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 21/3/23-typist

Days Of Repair: **6**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

3 + PS. SI

Photos

Costs

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

Report Format: **TP**

LS \$5400

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	10/01/2023 14:27 (SGT)
Reported by	Both
Date of Accident	10/01/2023 08:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE TOWARDS UPPER CHANGI ROAD EAST (BEFORE ELIAS ROAD EXIT 4)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK5358Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH CHEE WEI GREGORY
NRIC No	SXXXX255A
Email Address	gregory.scw@gmail.com
Mobile Phone No	(Phone) +65-97387073
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 300301019 QMY

DRIVER

Name of Driver	SEAH CHEE WEI GREGORY
NRIC No	SXXXX255A
Date Of Birth	24/09/1985

Occupation	Indoor
Date Of Driving Pass	31/08/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97387073
Alt. Phone Number	-
Email Address	gregory.scw@gmail.com
Address	288A COMPASSVALE CRESCENT #08-369
Address complement	-
Postcode	541288
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SAMANTHA VINNIE LAU
Gender	Female

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

PLEASE REFER TO THE ATTACHMENT

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	GBF9608H
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEAH CHEE WEI GREGORY
Gender	Male
Phone No	(Phone) +65-97387073
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SMK5358Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.


10-514-2023
Policyholder's Signature / Date & Time


10-514-2023
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



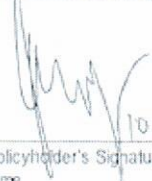
Vehicle (A) = SMK 6358 Z
Vehicle (B) = GBH 9608 H
TPE towards Upper Changi Road
East (before Elias Road Exit 4)

Describe Circumstances of the Accident

Refer to attached

Declaration

We declare the foregoing particulars are true in every respect.


10 JAN 2023
Policyholder's Signature / Date & Time


10 JAN 2023
Driver's Signature (If driver is not the policyholder) / Date & Time


WITNESSED BY REPORTING CENTRE PERSONNEL


On 10.01.2023 at about 08:25 hours along TPE towards Upper Changi Road East (before Elias Road Exit 4) , I was travelling straight on lane 1 and when the front vehicle slowed and stopped, hence I also followed suit.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): SMK 5358Z

Vehicle (B): GBF 9608H

 10 JAN 2023