

ASS. REQ. BY:

REF:

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: SLL 6663S Yr Regn: 2019, Feb.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz C180 c.c. 1595Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 52415 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2050402R479200Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/50R17R: 225/50R17BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 03/01/23Survey held at HD PerfectDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orRees o/s

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

Date / Time Action / Instruction

TPALG

MV:

PV:

Nett:

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair: _____

1) _____
Date/Time, File Return to?☐ : Final Report

Resurvey No. of Trip: _____

2) _____

Add Fee: ☐ Site Insp (\$)

Survey Fee: _____

Transportation: _____

☐ Interview (\$)

Photos

☐ Tech. Insp (\$)

Others

Report Form:

Form 100 (Rev. 1.1.10) (10/10)

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	31/12/2022 10:49 (SGT)
Reported by	Both
Date of Accident	30/12/2022 13:20 (SGT)
Exact Location of Accident	Tampines Link, Singapore
Additional Location Information	SLIP RD OF TAMPINES LINK TOWARD TAMPINES AVE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6663S
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INSURED/POLICYHOLDER

Is company?	No
Name of Registered Owner	Toh Tong Jie Amanda Jillian
NRIC No	S8701899G
Email Address	luvayn@gmail.com
Mobile Phone No	(Phone) +65-83666981
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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 car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B300658409QMY

DRIVER

Name of Driver	Toh Tong Jie Amanda Jillian
NRIC No	S8701899G
Date Of Birth	27/01/1987
Occupation	Indoor



Date Of Driving Pass	24/11/2009
Driving experience	13 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-83666981
Alt. Phone Number	-
Email Address	luvayn@gmail.com
Address	Blk 325 Ang Mo Kio Ave 3 #10-1900
Address complement	-
Postcode	560325
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?	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) 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	-

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

I STOPPED MY CAR (SLL6663S) ALONG THE SLIP ROAD TAMPINES LINK TOWARD TAMPINES AVE 1 AS THERE WERE CAR ON THE MAIN ROAD.

AS I STOPPED MY CAR (SLL6663S), VEHICLE B (SLS2322R) CAME FROM THE REAR DID NOT STOP ON TIME AND COLLIDED ONTO MY REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	REFER TO KO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS2322R
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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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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.

Kerlyn Ong Kai Li

DID: 6771 4420 HP: 9186 5113

Email: kerlyn.ong@cyclecarriage.com.sg

Cycle & Carriage Industries Pte Ltd

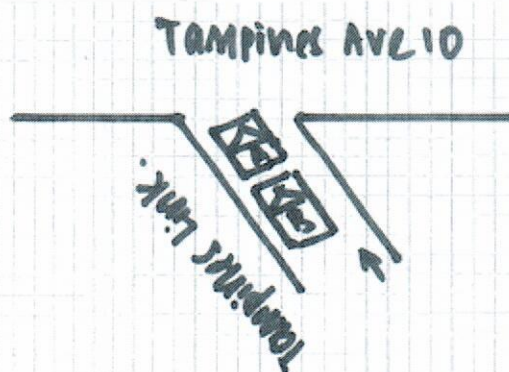
Customer Service Centre - Pandan Loop

Policyholder's Signature / Date & Time
31/12/2022 1029

Sketch Plan

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

Witnessed by Reporting Centre
Personnel KERLYN



A: 5L66635

B: 5L573128


Describe Circumstances of the Accident

I STOPPED MY CAR (SLL6663S) ALONG THE SLIP ROAD TAMPINES LINK TOWARD TAMPINES AVE 1 AS THERE WERE CAR ON THE MAIN ROAD.

AS I STOPPED MY CAR (SLL6663S), VEHICLE B (SLS2322R) CAME FROM THE REAR DID NOT STOP ON TIME AND COLLIDED ONTO MY REAR PORTION.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 31/12/2022 1029

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

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Witnessed by Reporting Centre
Personnel KERLYN