

ASS. REC. BY:

REF: ALS1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop m/s Cherry Green

of _____

Insured: 3891

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: 600

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 876k

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: SMK 1639 P Yr Regn: 03, 19

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

Truck / Traller or _____

Make: Kia Cerato c.c. 1591

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 106461 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAI=3416 MK 5030324

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD / A/Rim or

Tyre Size: F: _____ R: _____

215/45R17

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

TOYO / YOKO or _____

Front R/Bal. 4 mm

Rear R/Bal. 5 mm

L/Bal. 4 mm

L/Bal. 5 mm

D.O.A. 28/2/23 D.O.I. 2/3/2023

Survey held at _____

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or Water found at

The vehicle went into flood water, the air-filter

& floor compartment, engine unable to start at the

time of inspection.

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

Date / Time Action / Instruction

EST NOT ready

Date/Time, File Pass to? : Prel. Report : Final Report

Days Of Repair: _____ Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
S - RS - SI	
Others	
TOTAL	

Add Fee: : Site Insp (\$) : Interview (\$) : Tech Invs (\$) : Weekend (\$)

Report Format : Lump Sum / I.B.I. (\$)

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	01/03/2023 17:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/02/2023 22:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINE EAST DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK1639P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LUA HOCK KEONG
NRIC No	SXXXX389I
Email Address	DESMOND_LUA@YAHOO.COM
Mobile Phone No	(Phone) +65-93832735
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	KIA / CERATO 1.6(A) SX
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001390207-01

DRIVER

Name of Driver	LUA HOCK KEONG
NRIC No	SXXXX389I
Date Of Birth	09/12/1975
Occupation	Indoor

SKETCH PLAN

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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:

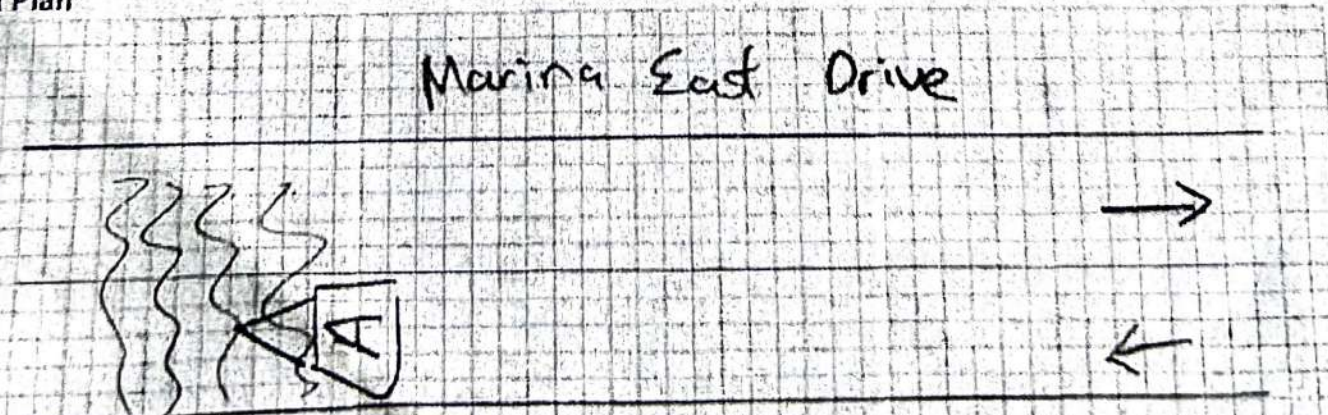
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SMK 1639K

Describe Circumstances of the Accident:

As I was driving out from my office (201, Marina East Drive) I pass by a location where there is puddle of water I tried to drive pass it but suddenly my engine and the vehicle stalled. It is drizzling at that moment in time.

Declaration

I declare the foregoing particulars are true in every respect.