

ASS. REC. BY:

REF:

17SB / 23002654/Kp

Kenneth

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

Marsive

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:

8150k

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2-3 days

Res.: Yes or No

Lum Sum:

1.51 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle:

Date / Time

Action / Instruction

Est NOT ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

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

MENT

No:

SMY 285 J

02 21

M.Car / M.Cycle / Bus / Van / Lorry / Taxi

Truck / Traller or

Volkswagen

Tipvan

Wagon

1395

White

A/C

ading

35234

T.Radio

MINI NA

MINI NA

WVG 7 88 5N7LW 903229

Cond: Good / Fair / Poor / Burnt

Eng: Inorder / Jammed / Leaked / Burnt or

Inorder / Jammed / Leaked / Burnt or

NII / S/Rlm / STD A/Rlm or

Est:

F:

R:

255 / 45 R19

EXNOVA / GY / FS / LIZA / MIC / ONTSL

YOKO or

Pir

Rear

Rear

L/Bal.

D.O.I.

eld at

Damages: Frit / Rear / OIS / NIS / UIC /

IC / Chassals frame / Body Structure affe

pair:

No. of Trip:

Survey Fee:

Transportation

Insp (\$

view (\$

Invs (\$

end (\$

S - RS

Fixes

Others

TOTAL

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 willful 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	13/03/2023 16:23 (SGT)
Reported by	Driver
Date of Accident	12/03/2023 21:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS TUAS, RAMP UP TOWARDS WEST COAST @ CLEMENTI FLYOVER (CLEMENTI AVE 2)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY285J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZHANG LIHUAN
NRIC No	S8474183C
Email Address	LHS5967@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98106186
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Tiguan
Variant	1.4 TSI R-LINE
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01159017

DRIVER

Name of Driver	LEE HAN SING
NRIC No	S7479882I
Date Of Birth	09/04/1974

SKETCH PLAN

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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 true and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to refuse to pay claim.
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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

B. 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;

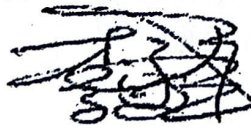
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the making 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 Insurers 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 situated outside of Singapore, for one or more of the above Purposes.



3:40pm
13/3/2023

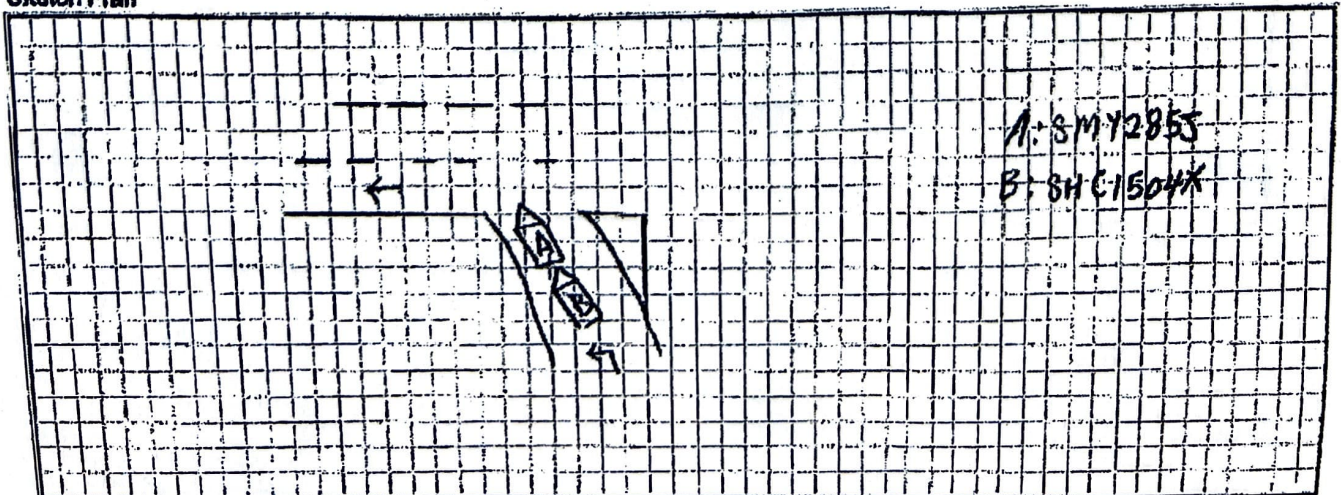


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



A: SMY2853
B: SHC1504X