

ASS. REC. BY:

REF: HCA/ 23 004339/Kq

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/WS/TP RES/OD RES/EVA/INV/MY

To Inspect Vehicle No: _____

at Workshop r/s _____ *Optims*

of _____

Insured: _____

Policy No. _____

Claims No. _____

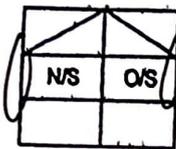
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 1-B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNC 9997H Yr Regn: 11 21

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

Truck / Trailer or

Make: Testa Model 3 c.c. _____

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 39594 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VINLRW3F7FA0M2384707

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Blm or

Tyre Size: F: 235/45ZR18

R: _____

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 26/4/23 D.O.I. 27/4/2023

Survey held at _____

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

N/S & O/S body

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

Date / Time

Action / Instruction

1 EST NOT ready

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS. SI

FIN. MS

Others

TOTAL

Add Fee:

- : Site Insp (\$ _____)
- : Interview (\$ _____)
- : Tech Invs (\$ _____)
- : Weekend (\$ _____)

Report Format :

Lump Sum / I.B.I.: (\$ _____)

ASC

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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 26/04/2023 17:40 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 26/04/2023 15:20 (SGT)
Exact Location of Accident 819 Upper Serangoon Rd, Singapore 534678
Additional Location Information THE HELPING HANDS EXIT GATE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC9997H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner THAM GUANG SHENG WEBSTER
NRIC No SXXXX858Z
Email Address WEBSTERTHAMGUANGSHENG@GMAIL.COM
Mobile Phone No (Phone) +65-82013125
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Tesla
Model MODEL 3
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 1999

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Policy Number / Cover Note Number MPC22A00214900

DRIVER

Name of Driver THAM GUANG SHENG WEBSTER
NRIC No SXXXX858Z
Date Of Birth 21/05/1990
Occupation Indoor

SKETCH PLAN

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2. This Form must be completed by the Policyholder and/or the Authorised 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 reputate policy liability.
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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.


 26/4/2023
 Policyholder's Signature / Date & Time

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



 Witnessed by Reporting Centre Personnel

Sketch Plan

