

ACIS REC BY: T. G. J. M.

REF: 05/INC 22011506/Tvys

ASSIGNMENT

From: _____ Date: _____

Estimated cost: _____

OD / TP / IS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **GBD 7872J**

Policy No. _____

Claims No. **MT/1197045-002**

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
	X

Bal. or Market Value: **9780k**

IDAC Accident Report: _____ 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 **WP' PRS'**

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **ER 819B**

Yr Regn: **2021 / Oct**

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

Truck / Trailer or

Make: **Mercedes Benz G63 AMG** c.c. **3482**

Colour: **Black**

A/C: Insured / Std / NI / NA

Sp. Reading: **22796**

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **W1N46327 62X38048**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **295/40R22**

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU (PIR) / SUMI / TOYO / YOKO or

Front

Rear

R/Bal. **6** mm

R/Bal. **6** mm

L/Bal. **6** mm

L/Bal. **6** mm

D.O.A. **27/10/2022**

D.O.I. **18/11/22 e 10am**

Survey held at **RS Garage**

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

Rear o/s

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

Date / Time Action / Instruction

22/11/22 Submit PRS

Date/Time, File Pass to?

☐ : Prell. Report

1) Date/Time, File Return to?

☐ : Final Report

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

: Site Insp (\$ _____)

S + RS \$ _____

: Interview (\$ _____)

Photos _____

: Tech. invs (\$ _____)

Others _____

: Wearers (\$ _____)

Report Form: _____

Lum Sum / E. A. P. _____



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	28/10/2022 17:55 (SGT)
Reported by	Both
Date of Accident	27/10/2022 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Champions Golf, 60 Fairways Drive 286966
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ER819B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG KIAN PENG (HONG JIANPING)
NRIC No	SXXXX943B
Email Address	Joel.ang@bergenmarine.com
Mobile Phone No	(Phone) +65-96938323
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	G63 AMG 4MATIC AUTO
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	3982

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-008532

DRIVER

Name of Driver	ANG KIAN PENG (HONG JIANPING)
NRIC No	SXXXX943B
Date Of Birth	04/08/1973
Occupation	Indoor

Date Of Driving Pass	23/10/2009
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-96938323
Alt. Phone Number	-
Email Address	Joel.ang@bergenmarine.com
Address	67 WALMER DRIVE
Address complement	-
Postcode	555085
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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

My vehicle was stationary parked at open space carpark of champions golf 60 fairways drive as I returned to my vehicle third party driver approach me and said that she knocked into my vehicle while parking. No injuries involved.

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	GBD7872J
Vehicle Manufacturer	Fiat
Vehicle Model	DOBLO CARGO SX
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Commercial vehicle
Name of Driver	CARRINGTON LEE ANNETTE

NRIC No	
Contact Number	SXXXX987F
Address	(Phone) +65-97985858
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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 Authorised 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. 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.

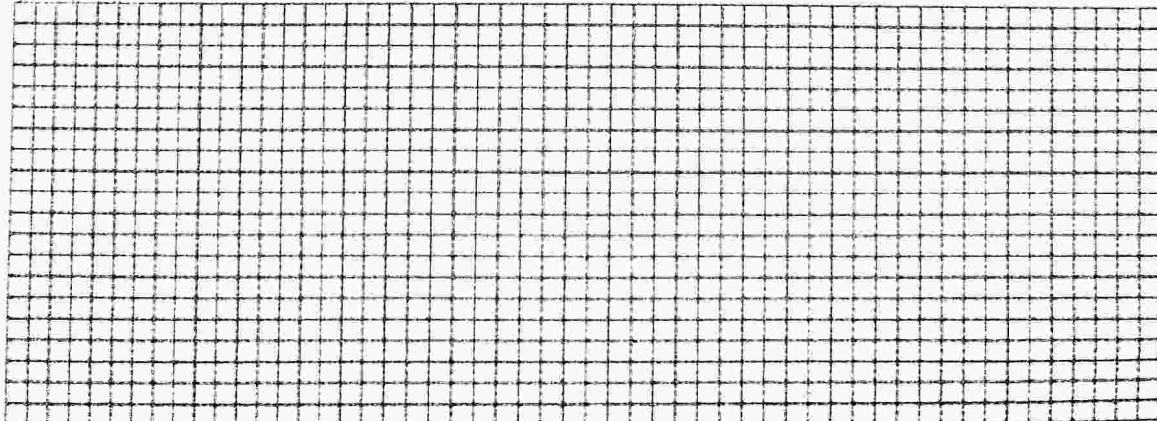
Policyholder's Signature / Date &
Time 28 Oct 2022

Sketch Plan

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

Witnessed By Reporting Officer
Mohamed Saifullah S/O Syed Masood

Witnessed by Reporting Centre
Personnel



Describe Circumstances of the Accident

My vehicle was stationary parked at open space carpark of champions golf 60 fairways drive as I returned to my vehicle third party driver approach me and said that she knocked into my vehicle while parking. No injuries involved.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 28 Oct 2022

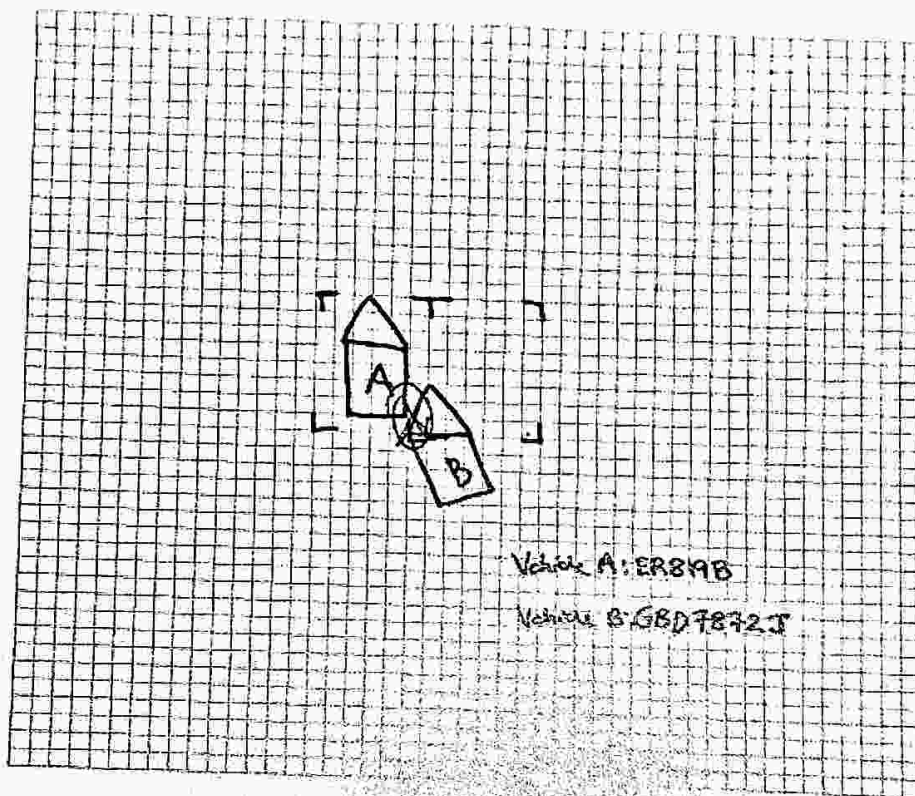
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed By Reporting Officer
Mohamed Saifullah S/O Syed Masood

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM

Ver. Jun2022




Policyholder's Signature / Date & Time

Enquiry Signature
& Time

Witnessed By Reporting Officer
Mohamed Saleh SIO Syed Masood
Witnessed by Reporting Centre
Personnel

AJAX MARS PTE LTD