

ASS. REC. BY: T. J. Smith

REF:

CS3/ EQ/ 23007837/Tvy3

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: YQ 3527S

Policy No. _____

Claims No. DM23HO01592/JS

Sum Insured: _____

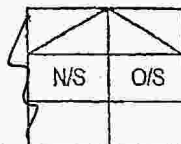
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$146k

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

PR PRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SM4740M

Yr Regn: 2020 July

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

Truck / Trailer or

Make: Audi Q3

c.c. 1395

Colour: Black

A/C: Insured / Std / NI / NA

\$p. Reading: 87430

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WAUZZZ733L108949

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 285/55 R18

R: A

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. 25/7/203

D.O.I. 2/8/230320m

Survey held at Mayus Garage

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

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

Date / Time

Action / Instruction

3/8/23 Submit PRS, repair range \$13,000-\$15,000

Date/Time, File Pass to?

☐

: Prel. Report

i)

☐

: Final Report

Date/Time, File Return to?

2) 3/8/23-typist

Rep. Format: _____

Lump Sum / L.B.R. ()

Days Of Repair: 10

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$

Photos

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 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 First Submission	26/07/2023 17:08 (SGT)
Reported by	Actual Driver
Date of Accident	25/07/2023 20:20 (SGT)
Exact Location of Accident	North Bridge Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU740H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE SOON TEOW
NRIC No	S2201541I
Email Address	legostlee@yahoo.com.sg
Mobile Phone No	(Phone) +65-96261884
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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	1984

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMPG22009630

DRIVER

Name of Driver	MELODEE LEE ZHI YING
NRIC No	S9771557B
Date Of Birth	10/01/1997
Occupation	Indoor

Date Of Driving Pass	14/10/2015
Driving experience	7 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91148634
Alt. Phone Number	-
Email Address	Melodee97@hotmail.com
Address	604 ELIAS ROAD #16-216
Address complement	-
Postcode	510604
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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

ON 25/07/2023 AT AROUND 2020HRS, I WAS DRIVING VEHICLE A (SMU740H) ALONG NORTH BRIDGE ROAD. I WAS ON LANE 2 (STRAIGHT OR RIGHT TURN) WHILE VEHICLE B (YQ3527S) WAS ON LANE 3 (STRAIGHT ONLY). WHILE DRIVING PAST THE JUNCTION OF COLEMAN STREET, I PROCEEDED STRAIGHT AHEAD BUT VEHICLE B MADE A RIGHT TURN AND COLLIDED ONTO THE LEFT SIDE OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	YQ3527S
Vehicle Manufacturer	Mitsubishi
Vehicle Model	CANTER FEB21ER4SDEN (CBU)
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JESURETHNAM JOSE
Contact Number	(Phone) +65-90404000
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

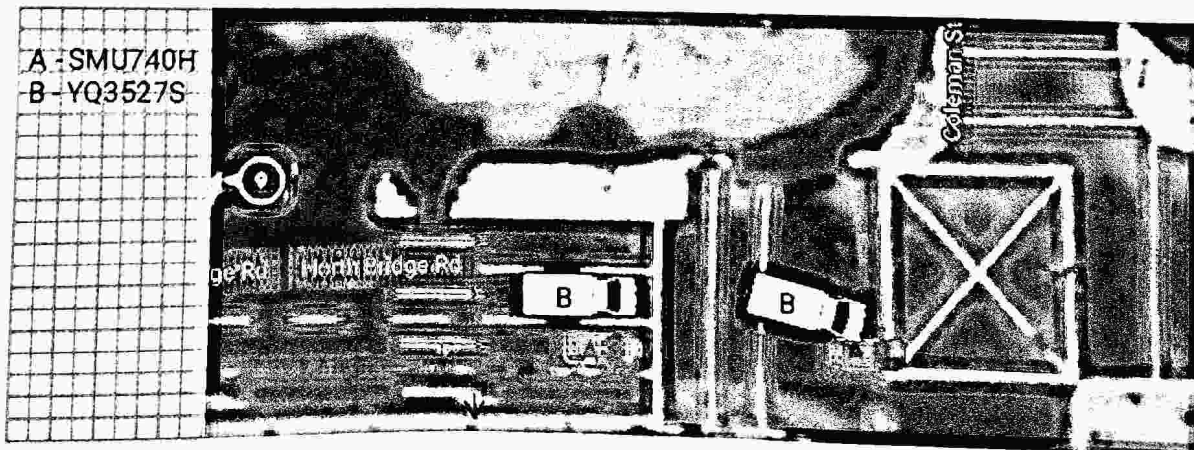
1. Please correctly report the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time 26/07/2023 1330HRS
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date
Time 26/07/2023 1330HRS



Witnessed by Reporting Centre
Personnel



Describe Circumstances of the Accident

ON 25/07/2023 AT AROUND 2020HRS, I WAS DRIVING VEHICLE A (SMU740H) ALONG NORTH BRIDGE ROAD. I WAS ON LANE 2 (STRAIGHT OR RIGHT TURN) WHILE VEHICLE B (YQ3527S) WAS ON LANE 3 (STRAIGHT ONLY). WHILE DRIVING PAST THE JUNCTION OF COLEMAN STREET, I PROCEEDED STRAIGHT AHEAD BUT VEHICLE B MADE A RIGHT TURN AND COLLIDED ONTO THE LEFT SIDE OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 26/07/2023 1330HRS



Driver's Signature (If driver is not the policyholder) / Date
& Time 26/07/2023 1330HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO SUFIYAN

Witnessed by Reporting Centre
Personnel