

REF: CS/INC 24080185 / Avh3

ASSIGNMENT

From: _____ Date: _____
Estim: _____
OD / TP RES / OD RES / EVA / INV / MV
To in _____ Vehicle No: _____
at _____
of _____
Insured: **XE 5619Y**
Policy No: _____
Claim's No: **MT/1288816-002**
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

Bal. or Market Value: _____
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
Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **XE5900J** Yr Regn: **2020 Oct.**
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: **Isuzu CYZ52K** CO: **15681**
Colour: **White** A/C: Insured / Std / NI / NA
Sp. Reading: **255129** T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: **JALCYZ52KK7000011**
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: **295/80R22.5**
R: **295/80R22.5**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **Firemax**

Front		Rear	
R/Bal. 06	mm	R/Bal. 06	mm
L/Bal. 06	mm	L/Bal. 06	mm
D.O.A. 31/7/24		D.O.I. 13/08/24	
Survey held at HD Perfect			
Des. of Damages: Frnt Rear / O/S / N/S / U/C / Rooftop or			

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

Date / Time	Action / Instruction
	TP INC
19/11/24	Adrian confirmed LS \$5900 (Red 11,539.12, 66%)
	COE Expiry
	Estimate given during: Yes (✓) 1st Survey: No ()
	MV: _____
	PV: _____
	Nett: _____

Date/Time, File Pass to? ☐ : Preli. Report
1) ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: **3**

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Inve (\$ _____)

Survey Fee: _____
Transportation: _____
S + RS: \$ _____
Photos: _____
Others: _____

Report Format: _____
Report Form: _____



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	01/08/2024 23:58 (SGT)
Reported by	Actual Driver
Date of Accident	31/07/2024 01:45 (SGT)
Exact Location of Accident	302 Jln. Ahmad Ibrahim, Singapore 619594
Additional Location Information	JALAN AHMAD IBRAHIM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE5900J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LOANG & HOW CONTRACTOR PTE LTD
Company Reg No	1XXXXX193M
Email Address	DENISA@LIANGHOW.COM.SG
Mobile Phone No	(Phone) +65-62621175
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyz52l
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	15681
Vehicle Fuel	Diesel
First Registration Date	09/10/2020
Chassis no	JALCYZ52KK7000011
Effective Date/Time of Ownership	09/10/2020 12:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMCG23013121

DRIVER

Name of Driver	NATARAJAN RAMASAMY
Work Permit No	GXXXX391U
Date Of Birth	01/04/1986
Occupation	Outdoor
Driving Pass Date	10/09/2015
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	8 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93726807
Alt. Phone Number	-
Email Address	DENISA@LIANGHOW.COM.SG
Address	BLK 8 SELETAR NORTH LINK
Address complement	A3-10
Postcode	797455
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Head to Rear
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

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE5619Y
Vehicle Manufacturer	-

Vehicle Model	*****	-
Vehicle Variant	*****	-
Vehicle Colour	*****	-
Vehicle Category	*****	Commercial vehicle
Name of Driver	*****	-
Contact Number	*****	-
Address	*****	-
Address complement	*****	-
Postcode	*****	-
Insurance Company Name	*****	-
Nature Of Damage	*****	-
Details of property damaged in accident	*****	-
No. Of Passenger (Including Driver)	*****	-

SKETCH PLAN

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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 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.
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

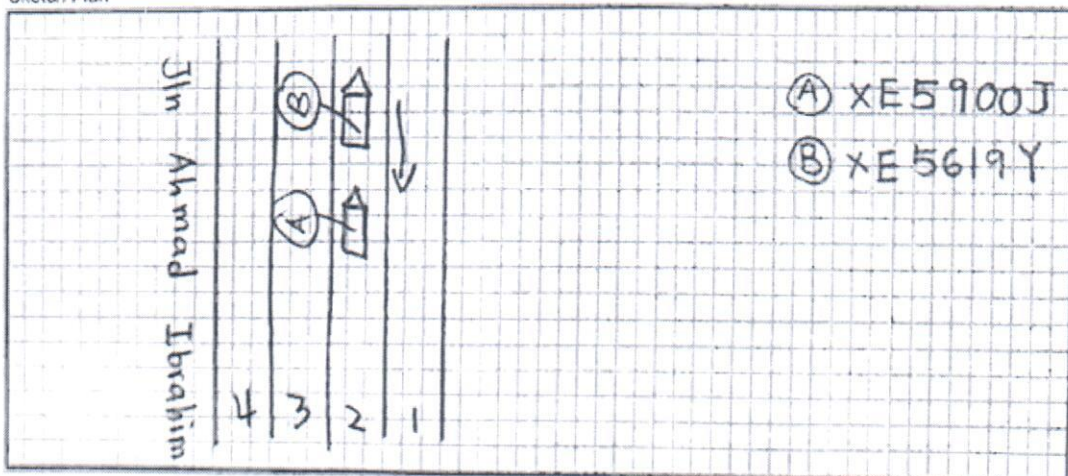
NRIC

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



Witnessed by Report Station Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

At the above time and location.

My vehicle was stop conforming to red traffic light.

Vehicle B infront of me rolled back.

Vehicle B rear portion hit onto the front portion of my vehicle.

Declaration

(We declare the foregoing particulars are true in every respect.



N. Roy

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



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