

ASS. REC. BY:

REF: C721

Kenneth

## 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:

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

09 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLA 42480

Yr Regn:

02 16

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

Truck / Trailer or

Make:

NIS Qashgar

c.g

1997

Colour

M.P.W.A

AVC:

Insured / Std / NI / NA

Sp. Reading

78554

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

STNFBATIU 1594257

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/45ZR19

R:

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal.

J

mm

R/Bal.

J

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

2/10/24

D.O.I.

4/10/2024

Survey held at

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

N/S R

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

Date / Time

Action / Instruction

PRS

EN repair cost @ 5-7k

Date/Time, File Pass to?



: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

S + RS. SI

: Fines

: Others

Report Format :

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

TOTAL



## Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 02/10/2024

Time of Accident: 11.50 am

Vehicle No.: SLA 42480

Vehicle Make & Model: Nissan Qashqai 2.0

\*Transmission: ☐ Manual ☒ Auto

\*C.c.: 1997

First Registration Date: \_\_\_\_\_

Chassis no: SJNFBAT1141594257

Effective Date of Ownership: \_\_\_\_\_

Effective Time of Ownership: \_\_\_\_\_

Vehicle Fuel: Fuel

Exact location of Accident: macpherson Rd. near Playfair Road

Policyholder's Name: Lim moy Geck, Lillian

NRIC/FIN/REG No.: 502024165

\*Policyholder's email address: \_\_\_\_\_

Driver's Name: Lim moy Geck, Lillian

NRIC/FIN/REG No.: 502024165

\*Driver's email address: lillian01@singnet.com.sg

Driver's Contact No.: 9188 8753

Company Contact No (if any): \_\_\_\_\_

\*Applicable Driving Pass Class: 3

\*Applicable Driving Pass Date: 18/06/1971

\*Driving License Validity: ☒ Valid, ☐ Expired, ☐ Invalid, ☐ Not holding QDL, ☐ Not in list

Date of birth: 02/07/1969

Driving Pass Date: 18/06/1971

Driver's Address: Blk 136 Lorong AH 500 #03-520 (S) 530136

Insurance Company: Income

Policy No.: 5133667544-01

Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parents ☐ Sibling ☐ Relative ☐ Employee ☐ Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please TICK one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) ☐ Reporting (For Record Purpose)

### Type of Accident

☐ Chain Collision ☐ Head To Rear ☒ Side Swipe ☐ Other \_\_\_\_\_

Occupation (nature job) ☒ Indoor ☐ Outdoor

\*No. of Passengers / Including Driver): 1

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female

### Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry ☐ Raining & Wet ☐ After-Rain & Wet ☐ Drizzling & Wet ☐ Others: \_\_\_\_\_

Was there any video captured by your car Car camera? ☐ Yes ☒ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injured Person in Which Vehicle: \_\_\_\_\_

Any injured conveyed to hospital by ambulance? ☐ Yes ☒ No

Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: \_\_\_\_\_



### 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 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

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

