

ASS. REC. BY:

REF: 0121

*Kenneth*

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s *Save You*

of *9708*

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S

Bal. or Market Value: *861k*

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: *04* 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: *PC 79018* Yr Regn: *05, 19*

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

Truck / Trailer or *(A)* *2754*

Make: *Toy Hiac GL* c.c. *2802*

Colour: *Silver* A/C: Insured / Std / NI / NA

Sp. Reading: *402198* T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: *GDH 223-2000860*

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: *195R15XD*

R: \_\_\_\_\_

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. *9* mm R/Bal. *9* mm

L/Bal. *9* mm L/Bal. *9* mm

D.O.A. *28/10/2* D.O.I. *28/10/2024*

Survey held at \_\_\_\_\_

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

*015 191*

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

Date / Time Action / Instruction

*1* *EM not ready*

Date/Time, File Pass to?

: Prell. Report

: Final Report

1) Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation

S - RS - SI

Fixtys

Others

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

TOTAL


Report Format :

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

# 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 ..... 25/10/2024 14:53 (SGT)  
Reported by ..... Owner  
Date of Accident ..... 24/10/2024 18:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TANJONG PAGAR ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC7901Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... RET TOURS PTE LTD  
Company Reg No ..... 2XXXXX970Z  
Email Address ..... SERIN@RETTOURS.COM  
Mobile Phone No ..... (Phone) +65-96743570  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 - Reporting only  
Vehicle Category ..... Bus  
Transmission ..... Auto  
CC ..... 754  
Vehicle Fuel ..... -  
First Registration Date ..... -  
Chassis no ..... -  
Effective Date/Time of Ownership ..... -

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2030932632-01

### DRIVER

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 .....	PC7152T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	LI FEI
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**

**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/small 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.



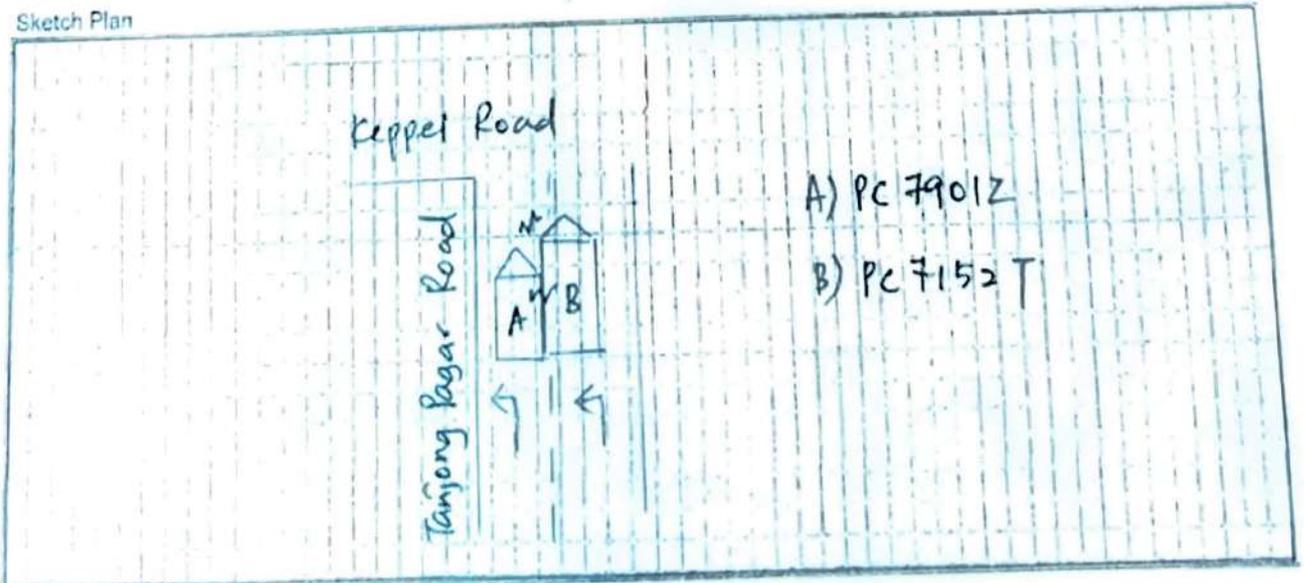
Policyholder's Signature / Date & Time

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



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

**Sketch Plan**



**Describe Circumstance of the Accident**

On 24/10/2024, at around 6.15pm, I was driving my company vehicle PC 7901 Z at the most left lane along Tanjong Pagar Road. There was a bus, PC 7152 T on my right lane. Suddenly the bus, PC 7152 T swerved into my lane and collided on my right side of vehicle. I stopped the vehicle to check the condition and exchanged particular with the driver of PC 7152 T. We left the scene after that. We have CCTV footage as prove.

**Declaration**

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

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel  
(Name as in NRICAD card)