

REF:

CS/INCDA110131/Avh3

ASSIGNMENT

From: _____ Date: _____

Estimate No: _____

OD / TP RES / CD RES / EVA / INV / MV

To in _____ Vehicle No: _____

at _____

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

N/S	O/S

Remarks: The vehicle 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: _____ 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: SK2309K Yr Regn: 2016, Jan.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Altis C.D. 1598Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 10391 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MROS3REH104542742Gen. 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: 225/45R17R: 225/45R17

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

TOYO / YOKO or

Front

R/Bal. 86 mmL/Bal. 86 mmD.O.A. 5/11/24

Survey held at

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

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

Rear

R/Bal. 86 mmL/Bal. 86 mmD.O.A. 07/11/24NSI

Date / Time Action / Instruction

TP INC

COE Expiry :

Estimate given during : Yes ()

1st Survey : No ()

MV : 23kPV : 16.2kNett : 6.8k

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos

Others

Addl Fee: ☐

Site Insp (\$

Interview (\$

Tech. Inve (\$

Report Forwarded:

Reported by: _____

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	05/11/2024 16:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/11/2024 11:25 (SGT)
Exact Location of Accident	2A Bedok South Ave 1, Singapore 462002
Additional Location Information	BLK 2A BEDOK SOUTH AVE 1 MSCP LEVEL 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ3019K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN KATHERINE
NRIC No	SXXXX639A
Email Address	KATHTKA@GMAIL.COM
Mobile Phone No	(Phone) +65-97381654
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI24V07618/VPP/R04

DRIVER

Name of Driver	TAN KATHERINE
NRIC No	SXXXX639A
Date Of Birth	13/03/1947
Occupation	Indoor
Driving Pass Date	09/06/1971
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	53 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97381654
Alt. Phone Number	-
Email Address	KATHTKA@GMAIL.COM
Address	APT BLK 519B TAMPINES CENTRAL 8 #08-20 SINGAPORE 522519
Address complement	-
Postcode	-
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	Collision - Major/Minor Rd
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)	2
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	-

PASSENGER 1

Name	-
Gender	Male

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

AS OF ABOVE DATE AND TIME , I WAS DRIVING MY VEHICLE (SKZ3019K) INTO THE MSCP OF BLK 2A BEDOK SOUTH AVE 1 LEVEL 1. AS I WAS ABOUT TO DRIVE THROUGH A SLOPE ON MY RIGHT. VEHICLE B (SLN5762K) DASHED OUT OF THE SLOPE WHICH HAS A STOP LINE. AS A RESULT, MY VEHICLE FRONT PORTION COLLIDED INTO THE LEFT FRONT PORTION OF VEHICLE B.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	retrieving

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN5762K
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	NOORDIN BIN HAJI ABDUL RAHMAN
Contact Number	(Phone) +65-94360732
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

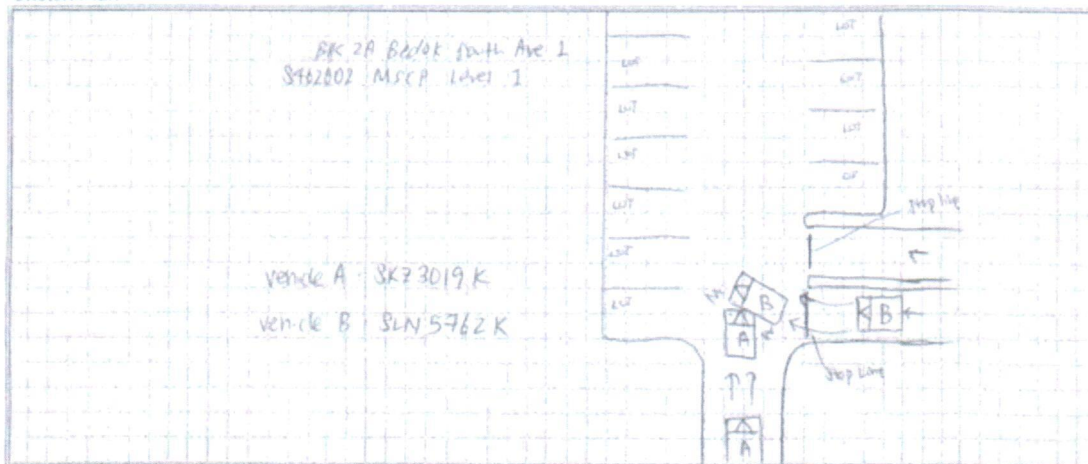
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to rescind 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


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


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

Sketch Plan



Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (SR73019K)
 into the MSCP of Bk 2A Bedou South Ave I level 1
 As I was about to drive through the slope on the right
 vehicle B (SLN5762K) dashed out of the slope which has a stop
 line. As a result, my vehicle front portion collided into the
 left front portion of vehicle B

Declaration

I/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 NRIC/ID card)