

ASS. REC. BY:

REF: MSG/

## ASSIGNMENT

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

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

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

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

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: \$39K

IDAC Accident Report: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: 08 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time

Action / Instruction

EM NOT readyVeh No: 911Yr Regn: 08.17

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

Truck / Trailer or \_\_\_\_\_

Make: Toy CHRC.G. 1797Colour: n. Blue

A/C: Insured / Std / NI / NA

Sp. Reading: 326338

T/Radio: Insured / Std / NI / NA

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

C/No: 84X10

.2052306

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orMod: NI / S/RIm / STD / RIm or

Tyre Size: F: \_\_\_\_\_

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

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

Front

Rear

R/Bal. 9 mmR/Bal. 9 mmL/Bal. 9 mmL/Bal. 9 mmD.O.A. 11/12/24D.O.I. 16/12/2024

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

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or 2/171

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

Info, File Pass to?

☐ : Prel. Report  
☐ : Final Report

Info, File Return to?

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

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

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)
☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Site Insp (\$ \_\_\_\_\_)

Interview (\$ \_\_\_\_\_)

Tech Invs (\$ \_\_\_\_\_)

Weekend (\$ \_\_\_\_\_)

S + RS. \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_

Others \$ \_\_\_\_\_

TOTAL

Format: \_\_\_\_\_

m / 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        | 11/12/2024 18:36 (SGT)                 |
| Reported by                     | Actual Driver                          |
| Date of Accident                | 11/12/2024 14:50 (SGT)                 |
| Exact Location of Accident      | Singapore                              |
| Additional Location Information | BALESTIER ROAD TOWARDS LAVENDER STREET |
| Country/State of Loss           | Singapore                              |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR3911P

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | Yes                  |
| Name Of Registered Owner | H3 LEASING           |
| Company Reg No           | 5XXXX587J            |
| Email Address            | H3LEASING@GMAIL.COM  |
| Mobile Phone No          | (Phone) +65-97419911 |
| Alternative Phone No     | -                    |

#### VEHICLE PARTICULARS

|                                                                              |                           |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer                                                                 | Toyota                    |
| Model                                                                        | C-HR HYBRID 1.8G CVT      |
| Variant                                                                      | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Private hire              |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category                                                             | Private hire              |
| Transmission                                                                 | Auto                      |
| CC                                                                           | 1797                      |
| Vehicle Fuel                                                                 | Petrol                    |
| First Registration Date                                                      | -                         |
| Chassis no                                                                   | -                         |
| Effective Date/Time of Ownership                                             | -                         |

#### INSURANCE COMPANY

|                                   |                                       |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company         | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D23MFL0001896_01                      |

#### DRIVER



Describe Circumstance of the Accident

Date of Accident : 11-12-2024

Time 14.50 PM

Location : Balestien Road, towards

My Vehicle A : SLR 3911P

Vehicle B : QA 10007

Vehicle C : GBC 7856L

Caravan Road Street

Vehicle A stop on lane 3, waiting for green light.  
Vehicle B bang from behind vehicle A which cause  
Vehicle A to inch forward and bang Vehicle C.

☐ Claim OD/TP at Ah Lim Motor

☒ Claim OD/TP at other workshop

☐ Reporting Only

Remarks : Please forward a copy of my efile accident Report to :

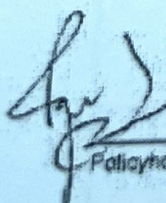
My Workshop :

Workshop Email Address :

☒ Note : Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information

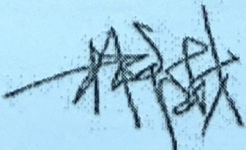
Declaration

I/We declare the foregoing particulars are true in every respect.





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)



## IMPORTANT NOTICE

## SKETCH PLAN

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 (or 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

