

ASS. REC. BY:

REF:

PMR/

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:

06 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:

STY 67850

Yr Regn:

09, 10

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

Truck / Trailer or

Make:

Toy Vias

C.C

14P7

Colour

M. L. Green

A/C:

Insured / Std / NI / NA

Sp. Reading

123551

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053449305169739

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / STD A/Rim or

Tyre Size:

F: Hapsen

185/60R15

R: Achilles

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

TOYO / YOKO or

Front

Rear

R/Bal.

P

mm

R/Bal.

6

mm

L/Bal.

P

mm

L/Bal.

6

mm

D.O.A.

22/7/24

D.O.I.

24/7/2024

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

1

PRS

EN repair com 86-7K

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS, SI

F - RS

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format :

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

TOTAL

R039699
23.7.24 10:56
SJY6785D
160-0508

REF:



SJY6785D

Toyota : Vios NPC93
4-Wheel Total Alignment

Front : Left

Actual	Before	Specified Range
-2°29'	-2°29'	-0°53' 0°37'
5°02'	5°02'	3°59' 5°29'
-0°29'	-0°29'	-0°02' 0°11'
13°37'	13°36'	
11°07'	11°07'	

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-0°02'	-0°02'	-0°53' 0°37'
4°28'	4°28'	3°59' 5°29'
-0°08'	-0°08'	-0°02' 0°11'
11°20'	11°20'	
11°18'	11°18'	

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	Before	Specified Range
-2°27'	-2°27'	-0°30' 0°30'
0°35'	0°35'	-0°30' 0°30'
2°16'	2°16'	
-0°37'	-0°36'	-0°04' 0°22'

Rear : Left

Actual	Before	Specified Range
-1°05'	-1°05'	-1°41' -0°11'
-0°02'	-0°02'	-0°02' 0°19'

Camber
Toe

Rear : Right

Actual	Before	Specified Range
-0°54'	-0°54'	-1°41' -0°11'
0°12'	0°12'	-0°02' 0°19'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	Before	Specified Range
-0°11'	-0°12'	-0°30' 0°30'
0°10'	0°10'	-0°03' 0°37'
-0°07'	-0°07'	

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	23/07/2024 13:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/07/2024 11:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN JURONG KECHIL TOWARDS SIGNATURE PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6785D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE HENG PANG
NRIC No	S0523365H
Email Address	ssophiaong@gmail.com
Mobile Phone No	(Phone) +65-96667636
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131303391-01

DRIVER

Name of Driver	LEE HENG PANG
NRIC No	S0523365H
Date Of Birth	15/11/1940
Occupation	Indoor

SKETCH PLAN

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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.

CITY AUTO PTE LTD

814 8 Sin Ming Road

#01-58/60/62 Sin Ming Ind Est

Singapore 575643

Tel: 6453 1235 Fax: 6453 7944

(Claims Section)

Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date & Time

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

Sketch Plan

JALAN JURONG KECIL TOWARDS SIGNATURE PARK

