

REF:

CS/INC 24070468/Avh3

ASSIGNMENT

From: _____ Date: _____

Estim: _____

OD / TP RES / CD RES / EVA / INV / MVTo in Vehicle No: _____at W/O _____

of _____

Insured: **SNA 2970R**

Policy No: _____

Claims No: **MT/1288108-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

Remarks: The vehicle had commenced its repair at the time of inspection.

N/S	O/S

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: **SMV6348M** Yr Regn: **2020 / Oct.**Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Harrier** C.D. **1998**Colour: **Black** A/C: Insured / Std / NI / NASp. Reading: **52156** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JTE2B36H20J005687**Gen. Cond: Good / Fair / Poor / BurntSteering: Order / Jammed / Leaked / Burnt orBrake: Order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: **285/55R18**R: **285/55R18**

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **27/7/24** D.O.I. **30/07/24**Survey held at **NSI**Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP INC**20/10/24** Adrian confirmed LS \$4100 (Red 9356.90, 69%)

COE Expiry

Estimate given during: Yes ☒ No ☐

1st Survey

MV:

PV:

Nett:

Date/Time, File Pass to?

1) ☐: Preli. Report

Date/Time, File Return to?

2) ☐: Final Report

Report Formist:

1. Report Formist / 1. Report Formist

Days Of Repair: **4**

Resurvey No. of Trip: _____

Add Fee: ☐: Site Insp (\$)☐: Interview (\$)☐: Tech. Inve (\$)

Survey Fee:

Transportation:

S + RS: \$1

Photos

Others

VEHICLE NO: SMV 6348M

MAKE & MODEL: Toyota Harrier

AUTO MANUAL

DATE OF ACCIDENT	27 / 07 / 2024	C.C. 2-0
TIME OF ACCIDENT	0945	AM / PM
LOCATION OF ACCIDENT	PIE towards Tuas before Paya Lebar Rd	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Wang Teng See	
EMAIL	ROWONG 2000 @ Gmail. com	Office: MOBILE: 97521685
NRIC	S1314796E	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	2070146000-02	
NAME OF DRIVER	AS ABOVE / IF NO: Wong Lee Hwa	
NRIC	S1437441H	
DATE OF BIRTH	24 / 10 / 1960	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	31 / 03 / 1994	
GENDER	Male / <u>Female</u>	
CONTACT NO.	Mobile: 9148 9629 Office:	
EMAIL		
ADDRESS	75 Leng Kong Empat S 417654	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No. INSURER:	
RELATIONSHIP	Employee / If <u>NO</u> Husband	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	<u>NO</u> / If yes: Who?	
CONVEYED BY AMBULANCE	<u>NO</u> / If yes: Who?	
POLICE REPORT	<u>NO</u> / If yes: Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?	
VEHICLE B NO.	SNA 2970R Any Passenger: 2 (1m1F)	
NAME	Yong Chee Hao	
CONTACT NO.	8313 3094	
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
Person Reporting	Driver / Owner / <u>Both</u>	
Original Language Used	<u>English</u> / Mandarin / Others:	
Has anyone been approached by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	
Rear Portion	N-51 Automotive Pte Ltd	

Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (SNV6348M) along PIE towards tuas on the extreme right lane of a 5 lane expressway. Before the exit of Paya Lebar Rd. The vehicle in front of me slowed down & stopped. I followed accordingly. Out of a sudden, vehicle B (SNA 2970 R) collided into the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

John Wang

Policyholder's Signature / Date &
Time

Wp

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

Witnessed by Reporting Centre
Personnel

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 Authorised 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. The 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.

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.

① *[Signature]*

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

