

Adrian

CS/AGI20005310/Aqf3

ASSIGNMENT

Veh No: _____ Date: _____
Estimated Cost: _____
CD / 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: _____

N/S	O/S

(Policy Condition)
Remark: The veh had commenced its
repair at the time of inspection.
Bal. or Market Value: _____
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: 6 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: SDJ8282A rr Regn: 2016, Feb.
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Camry c.c. 2494
Colour: Grey A/C: Insured / Std / NI / NA
Sp.Reading: 159122 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: MROS3AK5004010528
Gen. Cond: Good / Fair / Poor / Burnt
Steering: In order / Jammed / Leaked / Burnt or
Brake: In order / Jammed / Leaked / Burnt or
Modl: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 215/55R17.
R: 215/55R17.
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
Front _____ Rear _____
R/Bal. db mm R/Bal. db mm
L/Bal. db mm L/Bal. db mm
D.O.A. _____ D.O.I. 21/04/20.
Survey held at M6 solution.
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
	<u>TP Budget Direct.</u>
	LS \$4900, 6 days (Red \$4265.23, 47%)
	MV : _____
	PV : _____
	Nett: _____

Date/Time: File Pass to: <u>04/06 Typist</u>	<input type="checkbox"/> : Preli. Report <input type="checkbox"/> : Final Report	Date/Time: File Return to: _____
Report Form: <u>TP</u>	Lump Sum: <u>\$4900</u>	Days Of Repair: <u>6</u> Resurvey No. of Trip: <u>1</u>
	Add Fee: <input type="checkbox"/> : Site Insp (\$ _____) <input type="checkbox"/> : Interview (\$ _____) <input type="checkbox"/> : Tech. Insp (\$ _____) <input type="checkbox"/> : Meet and (\$ _____)	Survey Fee: _____ Transportation: _____ Photos: _____ Others: _____ TOTAL: _____

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 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. 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 Report	20/04/2020 16:41
Date Of Accident	19/04/2020 20:30
Exact Location Of Accident	ALONG SLE TWRDS CTE BEFORE WOODLANDS AVE 2 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDJ8282A
Insured/Policyholder	
Name Of Registered Owner	MIN CHEONG PORCELAIN WARE CO. PTE LTD
Co Reg No	1XXXXX634E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68629052
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.5 AUTO
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101583372-01
Cover Note Number	
Driver	
Name of Driver	TAN SENG AIK
NRIC No	SXXXX375E
Date Of Birth	25/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	14/09/1994
Driving Experience	25 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82884277
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 776 PASIR RIS STREET 71 #02-412
Postcode	510776
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : BAI MEI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM8361G
Vehicle Make/Model/Colour	SUZUKI / SX4 1.6HB AT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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 truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurers to repudiate policy liability.
4. The issue and date of issue of this form by insurance companies shall be 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 lodging 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, agents (including their lawyers/law firms) which may be located outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to carry out administratively for the payment of third party claims, investigation and management of present and all future claims;
- (e) the information so collected under (d) above may be shared by Insurers:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing funds, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time:

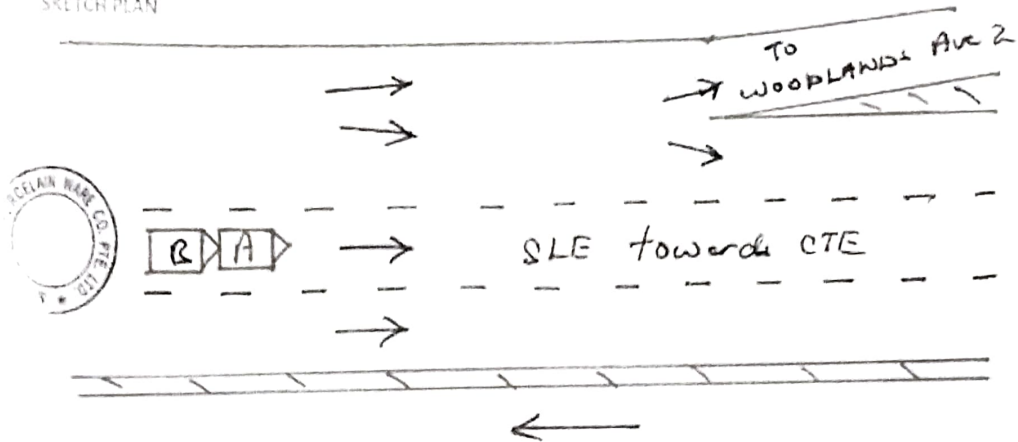
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature
Name:
ID/IC/NIN:

20 APR 2020

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/04/2020 at about 2030 hrs at 2030 hrs at along SLE towards CTE before Woodlands Ave 2 exit. I was travelling on the centre lane and suddenly I felt a great impact from the Rear and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SDJ 8282 A
(B) S/KM 8361 G

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We hereby 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

IDAC KAKI BURIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67417697 Fax: 67492305
Email: vac@idac.com.sg

Reporting Centre Representative Signature
Name:
SRIE, Pin No:

20 APR 2020