

ASS. REC. BY:

Steve

REF:

CS/CT120007876/EF3

ASSIGNMENT

PRS

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 Rpt:

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMJ2868T

Yr Regn:

18/9/15

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

Truck / Trailer or

Make:

Toyota Wish

c.c 1798

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

186676

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDG6729W10J90909

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:

195/65R15

R:

"

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

TOYO / YOKO or

Toula dor

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

25/7/20

D.O.I.

3/8/20

Survey held at

G Face Autotech

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

Frt RH

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

Date / Time

Action / Instruction

MV-S9K

repair 3K-4K
4 repair days

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 4/8/20-Typist

Rep. Format: PRS

Lump Sum / B.B. ()

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

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 27/07/2020 12:19
Date Of Accident 25/07/2020 09:00
Exact Location Of Accident 252 COMPASSVALE STREET
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ2868T
Insured/Policyholder
Name Of Registered Owner VERMAX CAR LEASING AND MARKETING PTE LTD
Co Reg No 2XXXXX285C
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-86860553

Vehicle Particulars

Manufacturer TOYOTA
Model WISH 1.8 CVT

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5108661771-01
Cover Note Number

Driver

Name of Driver EDDIE AIROS BIN ABDULLAH
NRIC No SXXXX012E
Date Of Birth 23/07/1978
Occupation OUTDOOR
Date Of Driving Pass 24/08/2012
Driving Experience 7 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-81189973
Fax Number
Contact Number
Email Address EEDIE_EINA@YAHOO.COM.SG

Address BLK 306B PUNGGL PLACE #07-21
Postcode 822306
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
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? YES
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 3
Passenger 1 NAME: GRAB PASSENGER
GENDER: FEMALE
Passenger 2 NAME: GRAB PASSENGER
GENDER: MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER ATTACHED (INCLUDING POLICE REPORT 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 11

Vehicle Registration Number SMP855L
Vehicle Make/Model/Colour HONDA / CIVIC 1.6 VTI CVT
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)

DETAILS OF INJURED PERSON 1:

Name

EDDIEF AIROS BIN ABDULLAH

Approximate Age

42

Injuries Sustain

BACK & NECK PAIN

Injured person in which vehicle?

SMJ2868T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 306B PUNGGL PLACE #07-21

Postcode

822306

Accident Sketch Plan

SKETCH PLAN

A - MY CAR
B - SAIP PTL



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I saw the car B going in to the carpark as I'm going out as well, he cut short to the lane and I cannot avoid him then I suddenly felt an impact to my car.

Large empty space for additional details or notes, containing a large handwritten signature.

DECLARATION

I/we declare that 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 BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415935
Tel: 67416697 Fax: 67492305
Email:

27 JUL 2008

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 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 lodgment 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 purposes 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, 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:

27 JUL 2020

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933
Name:
NRK Tel: 67416697 Fax: 67492305
Email: