

ASS. REC. BY: Steve

REF: CS³/CT120008034/EF3

PRS

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: _____

N/S	O/S
X	X

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Rport: _____ 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: STL 498R Yr Regn: 13/11/08
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Stream c.c. 1799
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 228245 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JHMRN 684985294617
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 185/60R14
 R: 1

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

Front		Rear
R/Bal. <u>4</u> mm		R/Bal. <u>4</u> mm
L/Bal. <u>4</u> mm		L/Bal. <u>4</u> mm
D.O.A. <u>1/8/20</u>		D.O.I. <u>5/8/20</u>

Survey held at Everdown Auto

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>MV-22K</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report

1) _____
 Date/Time, File Return to?
 2) 11/8/20-Typist

Rep. Format: PRS
 Lump Sum / I.B. / C)

Days Of Repair: 5
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech. Invs (\$)
 : Weekend (\$)

Survey Fee:	
Transportation:	
S + RS. SI	
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 as aforesaid.

ACCIDENT STATEMENT:

Date Of Report 03/08/2020 10:52
Date Of Accident 01/08/2020 19:00
Exact Location Of Accident SERANGOON ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE:

Vehicle Registration Number SJL498R
Insured/Policyholder
Name Of Registered Owner UPU JASMANI BIN JOOSOPH
NRIC No SXXXX891Z
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96805123
Alternative Phone No OTHERS-96805123

Vehicle Particulars

Manufacturer HONDA
Model STREAM 1.8L A

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 5095629338-02
Cover Note Number

Driver

Name of Driver UPU JASMANI BIN JOOSOPH
NRIC No SXXXX891Z
Date Of Birth 26/07/1973
Occupation INDOOR
Date Of Driving Pass 26/01/1995
Driving Experience 25 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96805123
Fax Number
Contact Number OTHERS-96805123
EMail Address NOEMAIL

Address 521899
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 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 3
 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: : SITI JULIANA BINTE SHAFIF
 GENDER: : FEMALE

Passenger 2 NAME: : UTI AFIQAH NURJANNAH BINTE UPU JASMANI
 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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. STOP AT THE TRAFFIC JUNCTION WAITING FOR IT TO TURN GREEN. WHILE WAITING, THAT IS WHEN VEHICLE SLB9596K UNABLE TO REACT ON TIME AND THUS THE COLLISION TOOK PLACE. AFTER THE COLLISION, I CAME OUT ONLY TO REALISED THAT IT WAS A CHAIN COLLISION.

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 SLB9596K
 Vehicle Make/Model/Colour TOYOTA / LEXUS NX200T LUXURY S/R
 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDZ4839L
Vehicle Make/Model/Colour MERCEDES BENZ / E 250 BLUEEFFICIENCY
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 •UPU JASMANI BIN JOOSOPH
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJL498R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address BLK 899-A #11-744 TAMPINES STREET 81
Postcode 521899

DETAILS OF INJURED PERSON 2

Name •SITI JULIANA BINTE SHAFIF
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJL498R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address BLK 899-A #11-744 TAMPINES STREET 81
Postcode 521899

DETAILS OF INJURED PERSON 3

Name •UTI AFIQAH NURJANNAH BINTE UPU JASMANI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJL498R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address BLK 899-A #11-744 TAMPINES STREET 81
Postcode 521899

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 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 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 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.
- (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: 9/8/2020 11:00 hrs

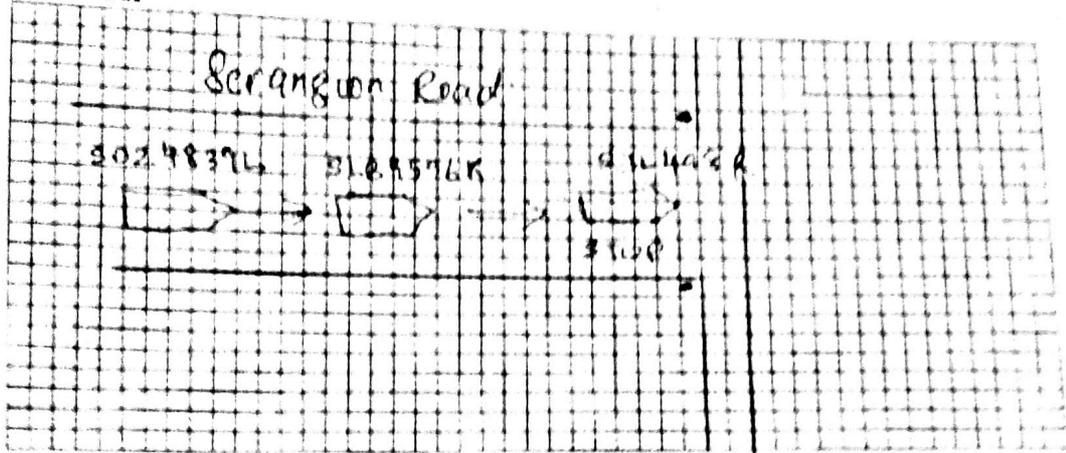
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NAIC/FIN No.: - 3 AUG 2020

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref
e-file

DECLARATION

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

 3/8/2020
 Driver's Signature
 Date & Time: 11:00 hrs

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

IDAC KAK BUKIT (IAC)
 23 Kak Bukit Ave #02-02
 Singapore 415553
 Tel: 67416007 Fax: 67432525
 Email: ikb@idac.com.sg
 Reporting Centre Personnel's Signature
 Name:
 NCC No.: