

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. **CDMPG20001064**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh. _____

(Policy Condition)

Remark: The veh 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: **7** 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 **PC5354R** - Fr Regn **2017 / Jan**
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or **Mini Bus**
 Make: **Toyota Hiace** cc **2982**
 Colour **White** A/C. Insured / Std / Nil / NA
 Sp.Reading **87661** T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: **JTFHT2 P900207885**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **Order** / Jammed / Leaked / Burnt or
 Brake: **Order** / Jammed / Leaked / Burnt or
 Modi: **Nil** / S/Rim / STD A/Rim or
 Tyre Size: F: **P5R15C**
 R: **P5R15C**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / **XOKO** or _____

Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **11/08/20**
 Survey held at **NHT**

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 Ergo.

12/08/20@12pm Informed ERGO, we are pending estimate from repairer.

11/09/20@9.54am revised to Ivy Yong via Merimen.

MV :

PV :

Nett:

LS \$5800, 7 days (Red \$13692.65, 70%)

Date/Time, File Pass to?

☐

Preli. Report

1) 11/09 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: **7**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

\$ + PS \$

Photos

Others

Total

Report Form: **MER-TP**Lump Sum **5800**Arid Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Inv (\$☐ Wash end (\$

SKETCH PLAN

IMPORTANT NOTICE

1. Please report explicitly 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 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:

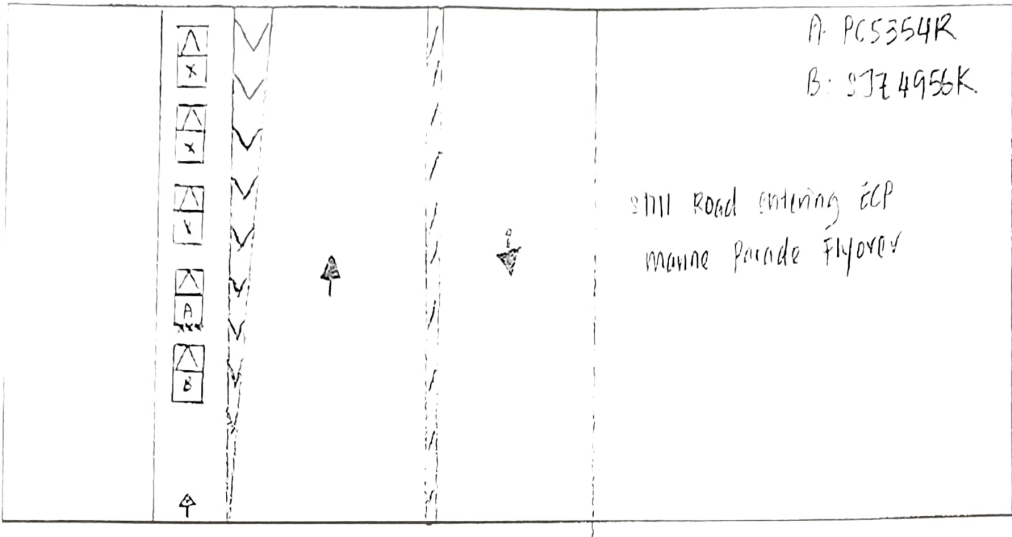
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Still road entering ECP, Marine Parade Flyover.

Vehicle in front of me slowed down and stopped. I followed suit.

Suddenly, I felt a huge impact from behind.

Veh "B" collided onto the rear portion of my vehicle and caused damages.

After the accident, I alighted and driver "B" admitted his fault and exchanged particulars. *[Signature]*

DECLARATION

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

X *[Signature]*
Policyholder's Signature
Date & Time:

[Signature] 1551
[Signature] 7/8/20
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 430G

Vehicle Details

Vehicle No.: PC5354R
Vehicle to be Exported: No
Intended Deregistration Date: 07 Aug 2020
Vehicle Make: TOYOTA
Vehicle Model: HIACE VAN TURBO 4 DR
AUTO

Primary Colour: White
Manufacturing Year: 2016
Engine No.: 1KD2656838
Chassis No.: JTFHT02P900207885
Maximum Power Output: -
Open Market Value: \$36,468.00
Original Registration Date: 20 Jan 2017
First Registration Date: 20 Jan 2017
Transfer Count: 0
Actual ARF Paid: \$1,824.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 19 Jan 2027
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
QP Paid: \$49,002.00
COE Rebate Amount: \$31,601.00
Total Rebate Amount: \$31,601.00

The information contained herein is correct as at 07 Aug 2020

OK