

586A

ASSIGNMENT

COE XPIRY: 2022/July

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: GBA 79413

at Workshop m/s FIX AUTO

of 5, SUNDAY ST #01-61

Insured: AKA

Policy No. _____

Claims No. _____

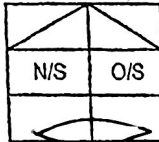
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 11K

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: G8A 79415 Yr Regn: 2008 / JAN

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

Truck / Trailer or _____

Make: NISSAN URVAN PANEL 3.0 c.c 2953

Colour: GREY A/C: Insured / Std / NI / NA

Sp. Reading: 509589 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JN1M44E2520780298

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: 155R15C

R: _____

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

YOYE / YOKO or .

<u>Front</u> R/Bal. <u>6</u> mm L/Bal. <u>6</u> mm D.O.A. <u>17/08/2020</u>	<u>Rear</u> R/Bal. <u>6</u> mm L/Bal. <u>6</u> mm D.O.I. <u>18/08/2020</u>
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Survey held at FIX AMTU

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

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

[illegible]

Date/Time, File Pass to?

☐: Prel. Report

Days Of Repair:

31)

Date/Time, File Return to?

Final Report

Resurvey No. of Trip:

Survey Fee:

2)

Add Fee: : Site Insp (\$

Transportation:

Report Formed :

Lump Sum / I.R.A. ()

☐ : Site Insp (\$

 : Interview (\$

	Tech. Invs (\$)
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☐ Weekend (S)

$$) \quad \underline{\hspace{1cm}} S + R.S. \underline{\hspace{1cm}} SI$$

1) Photos

1 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	17/08/2020 16:11
Date Of Accident	17/08/2020 12:35
Exact Location Of Accident	FROM FERNVALE ROAD TOWARD TO BLK 409C ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA7914J
Insured/Policyholder	
Name Of Registered Owner	CKS GAS INSTALLATION SERVICES
Co Reg No	5XXXX586A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	FOR WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCG20007030
Cover Note Number	

Driver

Name of Driver	CHAN KOK SIONG (CHEN GUO XIANG)
NRIC No	SXXXX210J
Date Of Birth	19/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	30/10/2006
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93886095
Fax Number	
Contact Number	OTHERS-93886095
Email Address	NOEMAIL

Address	BLK 731 JURONG WEST STREET 72
	#04-17
Postcode	640731
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

ON 17/08/2020@ABOUT 12.35PM AS I WAS DRIVING FROM FERNVALE ROAD TOWARD TO BLOCK 409C BEFORE ENTRANCE, THERE IS A JAM FROM THE ENTRANCE SO I WAS STOPPING AT THERE WHILE WAITING FOR THE LONG QUEUE, SUDDENLY THE VEHICLE B (SMM8358T) KNOCK TO MY CAR BEHIND. THE DRIVER APOLOGISE TO ME AND AGREE WITH PROCEED INSURANCE CLAIMS.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	THE DRIVER KEEP THE VIDEO FOOTAGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SMM8358T
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN BENG LOONG, MICHAEL
NRIC/Passport Number	SXXXX101B
Contact Number	96323524
Address	BLK 410B FERNVALE ROAD
	#15-108
Postcode	792410
Insurance Company Name	

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 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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature

Date & Time: 17/8/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/8/2020

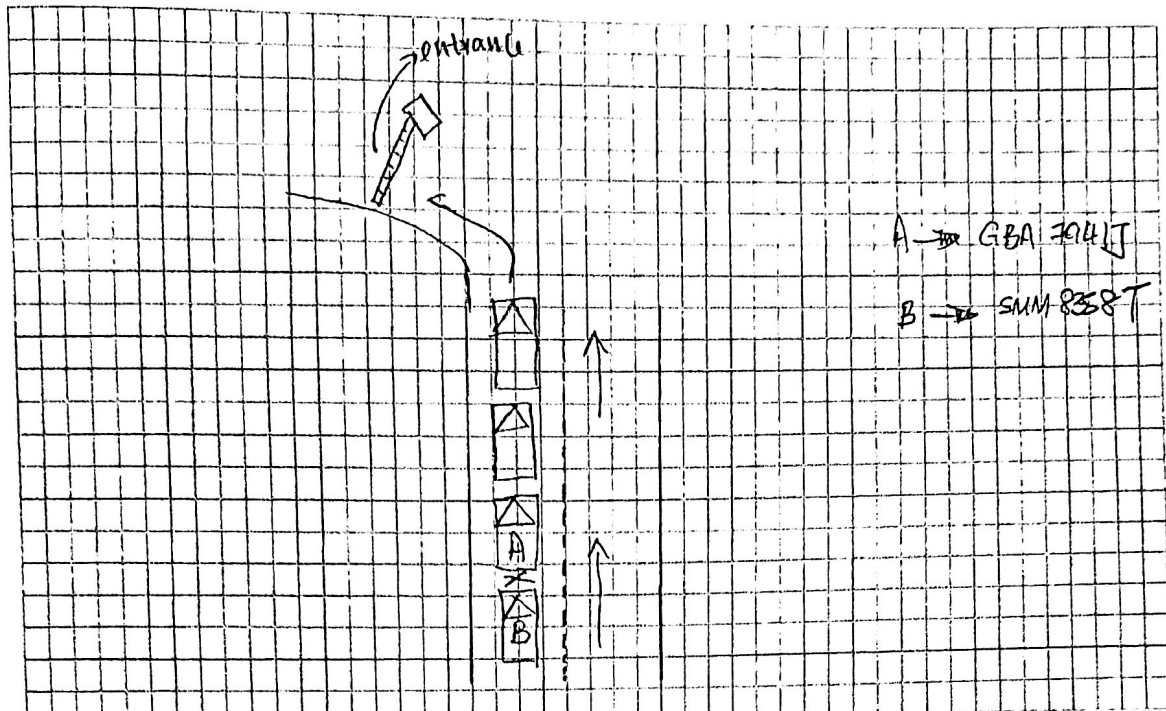
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 17/8/2020

Sketch Plan Pg. 2

SKETCH PLAN

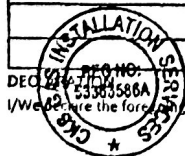


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 17/08/2020 @ abt 12.35 pm.

before

As I was driving from Lemvale Road toward to Blk 409C entrance, there is a Jam from the entrance so I was stopping at there while waiting for the long queue, suddenly the vehicle (SUN 8358T) knock to my car behind. The driver apologise to me and agree with proceed Insurance claims.



DECLASSIFICATION NO: 53303586A
I/we declare the foregoing to be true and correct.

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

Policyholder's Signature

Date & Time: 17/8/2020

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/8/2020

2

- ☐ Claim own policy
- ☐ Claim third party
- ☒ Claim OD / TP at other workshop NO intention.
- ☐ For record purpose

Policy No.

Insurer

Veh.No.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 17/8/2020