

ASS. REC. BY:

Stew

REF:

C 53/CT120008976/E43

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:

(Policy Condition)

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

N/S	O/S

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKH 25986

Yr Regn:

21/11/12

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

Truck / Traller or

Make:

SUZUKI Swift

c.c. 1586

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

85/32

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JSAF ZC32 500102248

Gen. Cond: Good (Fol) / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

195/50R16

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

21/8/20

D.O.I.

26/8/20

Survey held at

A-Tec

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

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

Date / Time

Action / Instruction

MIV-32K

Repair range 3K-4K

5 repair days

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2) 28/8/20-Typist

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Rep. Form: PRS

Lump Sum / L.E. / C

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 24/08/2020 16:13
Date Of Accident 21/08/2020 17:00
Exact Location Of Accident TL OF TAMPINES AVE 4 / TAMPINES CTRL 1
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH2598G
Insured/Policyholder
Name Of Registered Owner LIM SOON SENG (LIN SHUNCHENG)
NRIC No SXXXX095D
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-92332069
Alternative Phone No OTHERS-92332069
Vehicle Particulars
Manufacturer SUZUKI
Model SUZUKI / SUZUKI SWIFT SPORT 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 YES
Policy Number 5104527741-01
Cover Note Number
Driver
Name of Driver LIM SOON SENG (LIN SHUNCHENG)
NRIC No SXXXX095D
Date Of Birth 11/10/1971
Occupation OUTDOOR
Date Of Driving Pass 28/09/1992
Driving Experience 27 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-92332069
Fax Number
Contact Number OTHERS-92332069
Email Address NOEMAIL

Address BLK 929 #07-455 TAMPINES STREET 91 TAMPINES PALMSRING
Postcode 520929
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 -
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? YES
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

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 SKV3857D
Vehicle Make/Model/Colour HYUNDAI / ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KHAIRIZALY BIN YUSOF
NRIC/Passport Number SXXXX185B
Contact Number 84823901
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM SOON SENG (LIN SHUNCHENG)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKH2598G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

BLK 929 #07-455 TAMPINES STREET 91 TAMPINES PALMSRING

Postcode

520929

Accident Sketch Plan

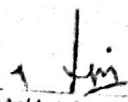
SKETCH PLAN

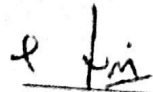
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded 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.

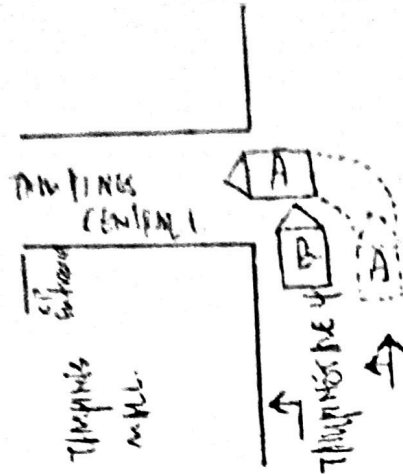

Policyholder's Signature
Date & Time:


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

IDAC KAKI BUKIT (VAC)
25 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416897 Fax: 67492305
Email: vackh@vicom.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No: 24 AUG 2020

Accident Sketch Plan

SKETCH PLAN



(A) SK 1125985
(B) SK 112857D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning left from Tampines Ave 4 into Tampines Central 1 suddenly vehicle B came from my left and hit onto the left portion of my vehicle I wish to stated that vehicle B's lane is only "Turn left" lane however vehicle B travel straight.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
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: 67416897 Fax: 67492305
Email: vacbb@vicom.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/IN No.:

24 AUG 2013