

**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: GBJ3351R yr Regn: 2019, March  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Toyota Hiace c.c. 2754  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 41769 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: GDH20R003245  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Modi: Nil / STD A/Rim or  
 Tyre Size: F: 195 R15C  
 R: 195 R15C  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or

Front 06 mm R/Bal. 06 mm  
 L/Bal. 06 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 08/09/20  
 Survey held at Vision

Des. of Damages: Frnt / 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>TP <del>IN</del> Chm.</u>
	<u>MV : lump sum 4000, 3days</u>
	<u>PV : red: 10990.18;73%</u>
	<u>Nett:</u>

Date/Time. File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time. File Return to?  
 2) \_\_\_\_\_  
 Report Format: \_\_\_\_\_  
 Lump Sum / U/C: \_\_\_\_\_

Days Of Repair: 3  
 Resurvey No. of Trip: \_\_\_\_\_  
 Artd Fee:  Site Insp (\$) \_\_\_\_\_  
 Interview (\$) \_\_\_\_\_  
 Tech. Inv. (\$) \_\_\_\_\_  
 Misc. (\$) \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 Photos: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 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	13/08/2020 15:53
Date Of Accident	12/08/2020 16:15
Exact Location Of Accident	BLK 503 JURONG WEST AVENUE 1 CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ3351R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IHUB SOLUTIONS PTE LTD
Co Reg No	2XXXXX937C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62648289

### Vehicle Particulars

Manufacturer	TOYOTA
Model	REGIUS ACE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116422788 (COMP)
Cover Note Number	

### Driver

Name of Driver	STEVEN SUPRAMANIAM SADASIVAM
NRIC No	SXXXX300F
Date Of Birth	23/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2005
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91346098
Fax Number	
Contact Number	OTHERS-91346098
EEmail Address	NOEMAIL

Address APT BLK 461 JURONG WEST STREET 41 #02-654  
 Postcode 640461  
 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 -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -  
 -

**General Information of the Accident**

Type Of Accident COLLISION - MAJOR/MINOR RD  
 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**

REFER TO STATEMENT ATTACH

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: CANNOT BE UPLOADED  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLR1842T  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver ANG ENG HIANG  
 NRIC/Passport Number SXXXX461A  
 Contact Number 93874622  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

IHUB SOLUTIONS PTE LTD  
NAME: STEVEN SUPRAMANIAM  
NRIC: S1224300F  
GOODS RECEIVED CONTENT UNCHECK

Policyholder's Signature  
Date & Time:



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

IDAC BUKIT BATON (PND)  
511 Bukit Batok Street 23  
Singapore 659345  
Tel: 6560 3312 Fax: 6560 0777  
Email: vacbb@idac.com.sg

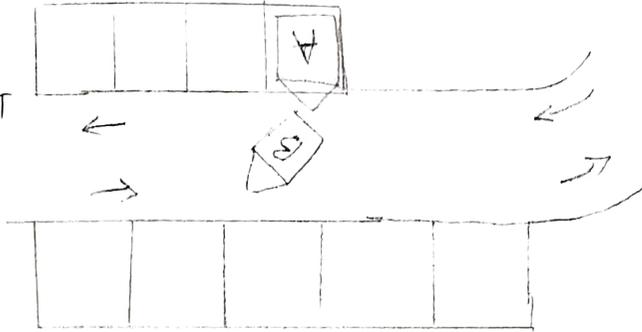
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

A - 9B33351R

B - 2LR1842T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS AT Block 503 JURANG WEST AVENUE 1 CAR PARK. I park my car and I go to the clinic. Then I back to the car. ~~and~~ I was still in parking as stationary. Suddenly there was a car which reverse and hit ~~my~~ my car at front portion.

**DECLARATION**  
**IHOB SOLUTIONS PTE LTD**  
 We declare the foregoing particulars are true in every respect.  
 NAME: STEVEN SUPRAMANIAM  
 NRIC: S1224300F  
 GOODS RECEIVED CONTENT UNCHECK

Date & Time:

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

**IDAC FINETECH COMPANY**  
 511 Bukit Batok Street 23  
 Singapore 659545  
 Tel: 6560 3312 Fax: 6560 0722  
 Email: vacbb@singnet.com.sg

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