

ASS. REC. BY:

Steve

REF:

CS3/CT120009584/E+P3

ASSIGNMENT

From:

PRS

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.

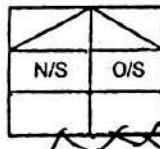
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

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:

GBH 37204

Yr Regn:

11/5/18

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

Truck / Trailer or

Make:

Toyota Hiace

c.c

2754

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

60500

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTFHT09 P200242777

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

185 R15C

R:

BS ☒ QUN ☐ 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.

4/9/20

D.O.I.

7/19/20

Survey held at

Z - ONE

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

MIV-60K

Repair range 3K-4K

4 repair days

SUBMIT PRS REPORT

3000 - 4000 REPAIR RANGE

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Rep. Formed:

Lump Sum / U.C. /

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

MSME20076475 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 04/09/2020 17:20
 SUBMITTED BY: Chia Pei Ying

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 04/09/2020 17:20
 Date Of Accident 04/09/2020 11:00
 Exact Location Of Accident ANG MO KIO AVE 3
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH3720U
 Insured/Policyholder
 Name Of Registered Owner CITY ICE AIR CONDITIONING
 Co Reg No 5XXXX915E
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-63390692

Vehicle Particulars

Manufacturer TOYOTA
 Model HIACE
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5100630112-02
 Cover Note Number

Driver

Name of Driver WANG RUIFU
 NRIC No GXXXX879R
 Date Of Birth 18/11/1989
 Occupation OUTDOOR
 Date Of Driving Pass 25/07/2018
 Driving Experience 2 YEARS AND 1 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-87122213
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address 7030 ANG MO KIO AVE 5 #02-27
Postcode 569880
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) 3
Passenger 1
NAME: : TIAN RU XUE
GENDER: : MALE
Passenger 2
NAME: : SONG MAO MIN
GENDER: : MALE

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 04/09/2020 AT ABOUT 11AM, I WAS TRAVELLING ALONG ANG MO KIO AVE 3. THE TRAFFIC LIGHT WAS RED. SO, I SLOWED DOWN AND CAME TO A COMPLETE STOP. A FEW MOMENTS LATER, I FELT AN IMPACT FROM THE REAR PORTION OF MY VEHICLE. VEHICLE B HAD COLLIDED ONTO MY VEHICLE AND CAUSED DAMAGE TO IT.

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 YP9004A
Vehicle Make/Model/Colour
Details Of Properties VEHICLE B
Vehicle Category COMMERCIAL VEHICLE
Name of Driver MOHD HANAFIAH BIN KHALID
NRIC/Passport Number SXXXX818Z
Contact Number 84488448
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 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:

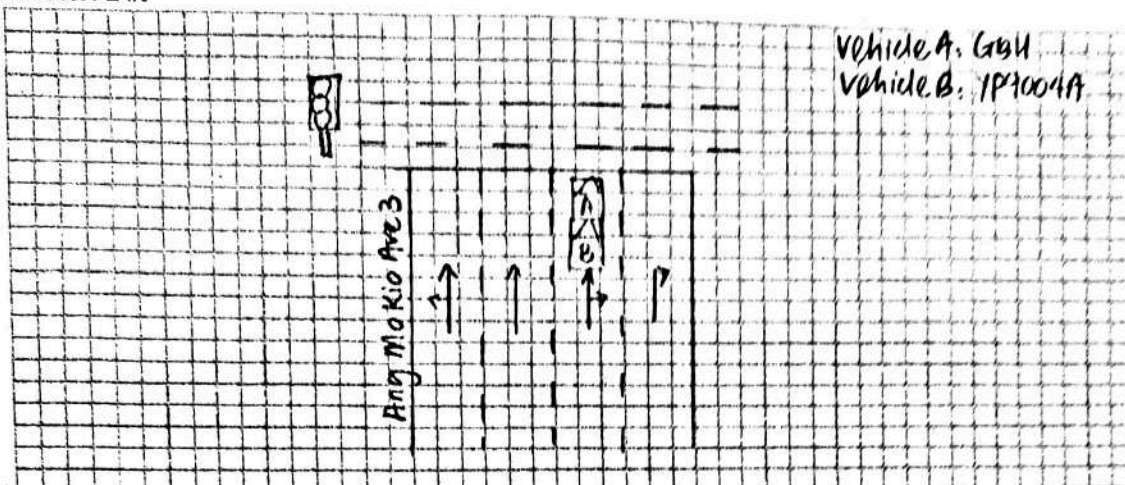
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Z-ONE

Sketch Plan #2 Pg. 1

SKETCH PLAN



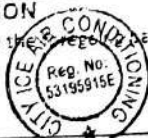
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04.09.2020 at about 11:00am, I was travelling along Ang Mo Kio Ave 3. The traffic light was red so I slowed down and come to a complete stop. A few moments later, I felt an impact from the rear portion of my vehicle. Vehicle B had collided onto my vehicle & caused damage to it.

DECLARATION

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

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.: