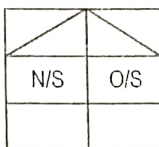


ASSIGNMENT

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. **27638761VMF**
 Claims No. **628383**
 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: **2** 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: **SMD4842K** Yr Regn: **2018 / August**
 Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hyundai Elantra** c.c. **1591**
 Colour: **Silver** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **155418** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **ICMH0841cm ju727490**
 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: **195/65R15**
 R: **195/65R15**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front Rear
 R/Bal. **ok** mm R/Bal. **ok** mm
 L/Bal. **ok** mm L/Bal. **ok** mm
 D.O.A. _____ D.O.I. **09/09/20**
 Survey held at **Polymath**
 Des. of Damages: **Frt** / Rear / O/S / N/S / U/C / Rooftop or
Reas N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

TP mslg.

10/09/20@11am Informed Ashik, we are pending for estimate from repairer.

23/09/20@10.42am revised to Muhd Ashik via Merimen.

MV:

PV:

Nett:

LS \$1300, 2 days (Red \$1449.44, 53%)

Date/Time, File Pass to?



Preli. Report

1) 23/09 Typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair: **2**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + PS, SI

Photos

Others

TOTAL

Report Format: **MER-TP**Report Cost: **1300**

Arid Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$



Meet and (\$

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 | 07/09/2020 14:37 |
| Date Of Accident | 07/09/2020 10:50 |
| Exact Location Of Accident | JLN BUKIT MERAH BEFORE HENDERSON RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--|
| Vehicle Registration Number | SMD4842K |
| Insured/Policyholder | |
| Name Of Registered Owner | CHUA LIAN YEO |
| NRIC No | SXXXX266G |
| Email Address | CHUALIANYEO@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98810852 |
| Alternative Phone No | OTHERS-98810852 |
| Vehicle Particulars | |
| Manufacturer | HYUNDAI |
| Model | HYUNDAI / ELANTRA AD 1.6 GLS AT (AMS) |
| 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 | NO |
| Policy Number | 5103080043-02 |
| Cover Note Number | |
| Driver | |
| Name of Driver | CHUA LIAN YEO |
| NRIC No | SXXXX266G |
| Date Of Birth | 15/05/1958 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 03/06/1977 |
| Driving Experience | 43 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98810852 |
| Fax Number | |
| Contact Number | OTHERS-98810852 |
| EMail Address | CHUALIANYEO@GMAIL.COM |

| | |
|---|----------------------------------|
| Address | BLK 158 #11-15 HOUGANG STREET 11 |
| Postcode | 530158 |
| 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 | - |
| | - |
| | - |
| 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) | 2 |
| Passenger 1 | NAME: : GRAB PASSENGER GENDER: : FEMALE |

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 | FBL9180S |
| Vehicle Make/Model/Colour | YAMAHA / YBR125 |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | MOHD ALI BIN HASSAN |
| NRIC/Passport Number | SXXXX355Z |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Accident Sketch Plan


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


Policyholder's Signature

Date & Time:


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: 674 16697 Fax: 674 92305
Email: vackb@vicom.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN



RECEIVED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vehicle A was stationary waiting for traffic when Vehicle B
collided into my rear

DECLARATION

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

Policyholder's Signature _____
Date & Time: _____

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

IDAC KAKI BUKIT (YAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 674 16697 Fax: 674 92305
Email: yackb@vicom.com.sg

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