

ASS. REC. BY:

Stev

REF:

CS/ICS20009646/Er f3

## 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.

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:

STB 23592

Yr Regn:

4/1/08

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

Truck / Tractor or

Make:

Honda Stream

c.c

1799

Colour:

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

193361

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RN 6-1051984

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/55R15

R:

11

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

TOYO / YOKO or

Firm 29

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

7/9/20

D.O.A.

9/9/20

Survey held at

Verve Motorworks

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

Front R/H

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

Date / Time

Action / Instruction

MIV- 44K

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 15/9/20-Typist

Rep. Format: Merimen

Lump Sum / L.E.F. : LS \$2650

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

FILE NO: JUB 20096

MAKE & MODEL: HONDA JIKAM

DATE OF ACCIDENT	07 / 09 / 2020
TIME OF ACCIDENT	0725 HRS AM / PM
LOCATION OF ACCIDENT	SERVICE LANE OF BLK 221 SOMANG LANE
Exact Purpose use during accident	PRIVATE
NAME OF OWNER	LOH YEW KEONG
TELEPHONE NO	97611023
NRIC	S25031612
CLAIM TYPE	OD / THIRD PARTY / Reporting Only
INSURANCE CO.	ECICS INSURANCE
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	MPC20P00096200
NAME OF DRIVER	As above / If No.
NRIC	Any passengers. 1) KOH LEE FONG
DATE OF BIRTH	23 / 12 / 1954
OCCUPATION	Outdoor / Indoor RETIREE
DATE OF DRIVING PASS	18 / 08 / 1983
GENDER	Male / Female
CONTACT NO.	Office. Home.
ADDRESS	BLK 221A SOMANG LANE #06-13 S(821221)
DRIVER HAVE ANY OWN Vehicle	NO / If yes, Reg No.
RELATIONSHIP	Employee / If No.
WEATHER CONDITION	Clear / Raining / Other.
ROAD SURFACE	Dry / Wet / Other.
ANY INJURIES	No / If yes, Who?
CONTACT NO.	
POLICE REPORT	No / If yes, Where?
VEHICLE B NO.	GBK 3095A NISSAN URVAN Any Passenger. 1 KID
NAME	MUHAMMAD AFFENDI BIN MUHAMMAD ZULKIFLI S8402627A
CONTACT NO.	81296431
VEHICLE C NO.	Any Passenger.
VEHICLE D NO.	Any Passenger.
VEHICLE E NO.	Any Passenger.
VEHICLE F NO.	Any Passenger.
WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) /	
Requesting accident claims assistance?	YES / NO

SPECIAL WORKSHOP

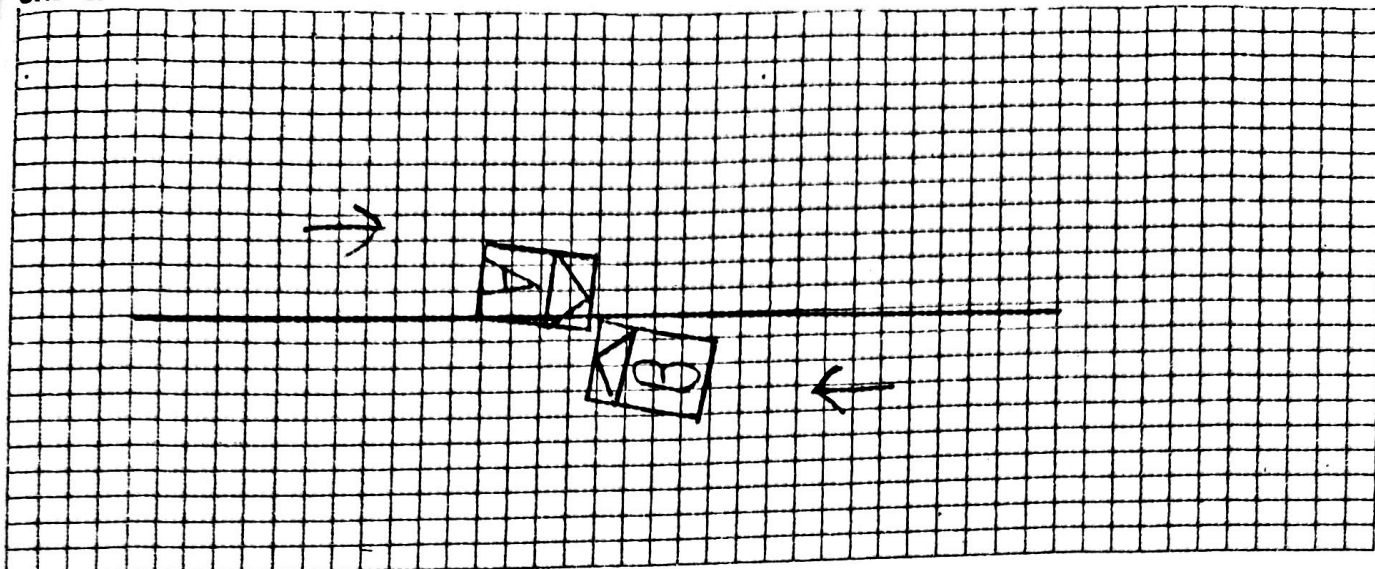
NO

CONTACT PERSON

NO.



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILST TRAVELLING STRAIGHT, I ACCIDENTALLY GRAZED AGAINST THE RIGHT HAND FRONT PORTION OF VEH 'B'.

## 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:

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

## 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:

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