

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No _____
 at Workshop no. _____
 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.

NS	O/S

Ball or Market Value _____
 I/DAC Accident Report _____ Consistent? Yes or No
 G/A 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 SMP4249K Regn 2015 Jue
 Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make Mercedes Benz CLA180 c.c. 1595
 Colour Red A/C Insured / Std / NI / NA
 Sp Reading 82340 T/Radio Insured / Std / NI / NA
 Eng/No _____
 C/No WDD1F73422N190142
 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: 225/40R18
 R: 225/40R18

BS / DUN / EXNOVA / GY / FS / LIZA / MC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front		Rear	
R/Bal. <u>06</u>	mm	R/Bal. <u>06</u>	mm
L/Bal. <u>06</u>	mm	L/Bal. <u>06</u>	mm
D.O.A. <u>15/9/20</u>		D.O.I. <u>18/09/20</u>	

Survey held at KangDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orFront o/s

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

Date / Time Action / Instruction

TP China.

MV:

PV:

Nett:

Date/Time: File Pass to:

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip:

Survey Fee:

Transportation

Date/Time: File Return to:

16/2/21-Typist

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Insp. (\$☐ : Other (\$Report From: MerimenTotal Cost: LS \$5800

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 16/09/2020 09:54
Date Of Accident 15/09/2020 15:10
Exact Location Of Accident CARPARK AT BLK 887 TAMPINES ST 81
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP4249K
Insured/Policyholder
Name Of Registered Owner MOHAMAD AHSURIN BIN ABDUL RAHMAN
NRIC No SXXXX253F
Email Address ASHWINN_117@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-92476226
Alternative Phone No OFFICE-92476226

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model C1 A180-1.6 (R18 BI) (A)
Exact Purpose for which vehicle was being used at time of accident PERSONAL 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 PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5113871332
Cover Note Number DRIVO CLASSIC

Driver

Name of Driver KARTINI BINTE KASMAT
NRIC No SXXXX674B
Date Of Birth 24/06/1983
Occupation INDOOR
Date Of Driving Pass 10/05/2004
Driving Experience 16 YEARS AND 4 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-90024924
Fax Number
Contact Number
EMail Address KARTINI246@HOTMAIL.COM

Address	103 TAMPINES ST 86 #07-06
Postcode	528576
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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: : MOHD AHSURIN GENDER: : MALE
Passenger 2	NAME: : KASHFI AADAM 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

MY CAR WAS STATIONARY PARKED AT BLK 887 TAMPINES ST 81. SUDDENLY, A CAR (ES9120T) REVERSED AND COLLIDED ONTO MY CAR FRONT RIGHT PORTION CAUSING DAMAGE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	ADVISE TO EMAIL TO NTUC INCOME
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	ES9120T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	WANG LEI
NRIC/Passport Number	SXXXX204A
Contact Number	91995182
Address	73 LORONG MAZUKI

Postcode

417162

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 1. Please report **correctly** the details of the accident to speed up the claims process.
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- 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 the 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: 15/09/2020
6.40 pm



Driver's Signature

(If driver is not the policyholder)

Date & Time: 6.40 pm

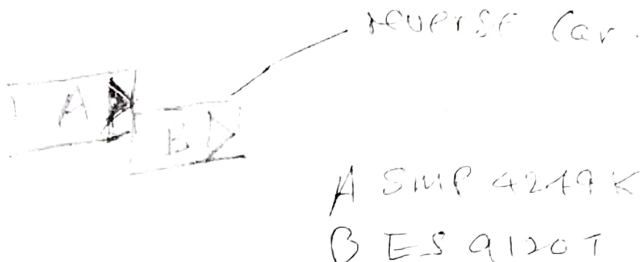


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary parked at BLK 887 Tampines St 81
Suddenly a car ES 9120 T reversed and collided
onto my car front right portion causing damage.

DECLARATION

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

Policyholder's Signature *Ali*
Date & Time: 15/09/2020
6:40 PM


 15.9.20
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time. 6.40 pm

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