

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: \_\_\_\_\_

N/S	O/S

(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: GBF1151K Yr Regu: 2016 June  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Toyota Dyna C.C. 2982  
 Colour: Silver A/C: Insured / Std / NI / NA  
 Sp.Reading: 100922 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: K042318024454  
 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: 175 R15C - kapsen.  
 R: 165 R13C - Sun Full.  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. ob mm R/Bal. ob mm  
 L/Bal. ob mm L/Bal. ob mm  
 D.O.A. \_\_\_\_\_ D.O.I. 25/09/20  
 Survey held at Flying High  
 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
	TP AIG. No direct settlement only settle on quantum.
	MV : PV : LUMP SUM \$3200,4DAYS Nett : RED:5073;61%

Date/Time, File Pass to? ☐ : Preli. Report  
☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Date/Time, File Return to?

2) \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Inv (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Photos

Other

Report Format: \_\_\_\_\_

Lump Sum / L.B. : \_\_\_\_\_

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	23/09/2020 16:10
Date Of Accident	21/09/2020 18:40
Exact Location Of Accident	ALONG TAMPINES AVE 3 TOWARDS TAMPINES AVE 8.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1151K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INFINITY HARDWARE HOLDING PTE LTD
Co Reg No	2XXXXX009H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91727501

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCG20010547
Cover Note Number	

### Driver

Name of Driver	TAY QIHUA
NRIC No	SXXXX819G
Date Of Birth	03/07/1993
Occupation	INDOOR
Date Of Driving Pass	16/07/2012
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91727501
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 804 WOODLANDS ST 81 #06-454
Postcode	730804
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	CHAIN COLLISION
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?	
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)	5
Passenger 1	NAME: : SOE MIN TAN GENDER: : MALE
Passenger 2	NAME: : CHAN OO GENDER: : MALE
Passenger 3	NAME: : TAN YUH OO GENDER: : MALE
Passenger 4	NAME: : KHAING AUNG THWIN 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 21 SEPT 2020, I WAS DRIVING ALONG TAMPINES AVE 3 TOWARDS TAMPINES AVE 8, I STOP MY CAR AS THE TRAFFIC LIGHT IS RED. MY LORRY (GBF1151k) WAS STATIONARY, NOT MOVING WHILE WAITING FOR TRAFFIC LIGHT, I EFTL AN IMPACT FROM BEHIND. I ALIGHTED MY VEHICLE AND REALISE THE VEHICLE (SMG545d) HAD COLLIDED WITH MY VEHICLE FROM BEHIND.

### 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	SMG545D
Vehicle Make/Model/Colour	

Details Of Properties	VEH B
Vehicle Category	PRIVATE CAR
Name of Driver	NG SWEE MENG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.

*[Signature]*

Policyholder's Signature  
Date & Time:



*[Signature]*

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

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

Flying High



# Accident Sketch Plan Pg. 1

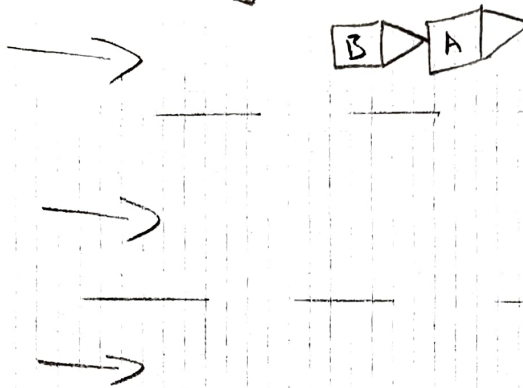
A - G8F1151K

B - SMG 545D

SKETCH PLAN

Tampines Ave 3

Tampines Ave 8



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21 September 2020, I was driving along Tampines Ave 3 towards tampines Ave 8. I stop my car as the traffic light <sup>while waiting for traffic light,</sup> is red. My lorry (G8F1151K) was stationary, not moving. Suddenly I felt an impact from behind. I alighted my vehicle and realise the vehicle (SMG 545D) had collided with my vehicle ~~to~~ from behind.

## DECLARATION

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

*lm*

Policyholder's Signature  
Date & Time:



*lm*

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

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