

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.

N/S	O/S

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMT6875T Yr Regn: 2020 July
Type: Car / M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: Honda Jazz G.C. 1318
Colour Red A/C: Insured / Std / NI / NA

Sp. Reading 4565. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMGK3850LS21.8015

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/65 R15
R: 175/65 R15

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	19/10/20.

Survey held at Dynamic

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 AXA.
	MV : 65K
	PV : 36.9K
	Nett : 28.1K .

Date/Time, File Pass to: ☐ : Prel. Report
) ☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

Interview (3)

Tech. Invs. 63

1. *Plant* 2. *Plant*

Survey Fee:

Transportation

3	3 + 16	31
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2. Fluxes

 $\lambda \in \mathbb{C}^*$

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	17/10/2020 16:36
Date Of Accident	17/10/2020 10:00
Exact Location Of Accident	JUNC OF SWISS CLUB RD-IN FRONT OF 4 SWISS CLUB RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT6875T
Insured/Policyholder	
Name Of Registered Owner	LOH CHUAN MENG, HUMPHERY
NRIC No	SXXXX306J
Email Address	HUMPHERYLOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91155323
Alternative Phone No	OTHERS-91155323

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.3 CVT (A)
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 CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-MR003586-R00
Cover Note Number	

Driver

Name of Driver	LOH CHUAN MENG, HUMPHERY
NRIC No	SXXXX306J
Date Of Birth	17/08/1978
Occupation	INDOOR
Date Of Driving Pass	09/11/2002
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91155323
Fax Number	
Contact Number	OTHERS-91155323
EMail Address	HUMPHERYLOH@GMAIL.COM

Address	70 HOUGANG AVENUE 7 #03-01
Postcode	538804
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	SIDE SWIPE
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?	YES
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)	1

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

PLEASE REFER ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	POLICY HOLDER/DRIVER NEVER PROVIDE.
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV3842J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LOH CHUAN MENG. HUMPHERY
Approximate Age	42
Injuries Sustain	BACK AND NECK PAIN
Injured person in which vehicle?	SMT6875T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	70 HOUGANG AVENUE 7 #03-01
Postcode	538804

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

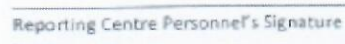
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission 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.


Policyholder's Signature
Date & Time:

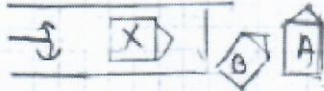

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan #2

SKETCH PLAN

4 Swiss
Club Road



A = SMT 6875 J

B = SLV 3842 J


Junction of
Swiss Club Road
(In front of 4 Swiss
Club Road)


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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 #3

On 17.10.2020 at about 10:00 hours at Junction of Swiss Club Road (In front of 4 Swiss Club Road). I was travelling straight within my lane at the above mentioned location.

My front vehicle (B) drove more towards left side of the road when I was travelling straight. Suddenly, vehicle (B) made an U-Turn at the junction without checking the traffic condition. I horned to warn him but unfortunately vehicle (B) had collided onto the rear left hand side portion of my vehicle (A).

Vehicle (A): SMT 6875T

Vehicle (B): SLV 3842J

A handwritten signature in black ink, appearing to be 'Jth' or similar, located to the right of the vehicle information.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	306J
Vehicle Details	
Vehicle No.:	SMT6875T
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Oct 2020
Vehicle Make:	HONDA
Vehicle Model:	JAZZ 1.3 CVT
Primary Colour:	Red
Manufacturing Year:	2020
Engine No.:	L13B15000794
Chassis No.:	JHMGK3850LS218015
Maximum Power Output:	73.0 kW (97 bhp)
Open Market Value:	\$16,678.00
Original Registration Date:	14 Jul 2020
First Registration Date:	14 Jul 2020
Transfer Count:	0
Actual ARF Paid:	\$6,678.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jul 2030
PARF Rebate Amount:	\$5,008.00
Intended COE Rebate Details	
COE Expiry Date:	13 Jul 2030
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$32,699.00
COE Rebate Amount:	\$31,823.00
Total Rebate Amount:	\$36,831.00

The information contained herein is correct as at 19 Oct 2020

OK

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 Promotion available				

Car Model

Price

Dealer

Built in

User Rating

15 ▼ results/page

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