

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: 10 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: TP 9147X Yr Regn: Aug / 2018Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hino X7U710R C.O. 4009Colour: White A/C: Insured / Std / NI / NASp. Reading: 106255 T/Radio: Insured / Std / NI / NAEng/No: N04CVV10254C/No: JTHUCV3H00K026803

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 7.00 R16CR: 11

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

TOYO / YOKO or Condor

Front Rear

R/Bal. 6 mm R/Bal. 6/6 mmL/Bal. 6 mm L/Bal. 6/6 mmD.O.A. 04/11/2020 D.O.I. 06/11/2020Survey held at Amjed Auto AMK

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

o/s Front y o/s Body

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

Date / Time Action / Instruction

Chin Te-ping PC3204D20/11/2020 Invoice 1/5 8500/- with 10 days of rep

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S+RS SI

Photos

Others

TOTAL

KURU & CO

NTUC PRE REPAIR INSPECTION (PRI) MEMO

Our ref no : _____

Date : _____

Attn. : ALFRED / _____

Vehicle no/DOA/Model : _____

Dear Sir,

The PRI notification letter to the Third Party insurer was sent on 09/19 @ AM / PM. Time frame - 2 working days (not including Saturday, Sunday and Public Holiday).

- ☐ **NO REPLY** from Third Party insurer. Please proceed to appoint your surveyor and repair the vehicle.
- ☐ We have received the Third Party insurer's **REPLY** on / / @ AM / PM. Copy enclosed together with their list of surveyors.

☐ If you **AGREE**, please let us know the surveyor's company and name

Their surveyor has to **NOTIFY YOU IN WRITING** to state that the PRI is completed and that you may proceed to repair the vehicle. (This letter also supports your claim for loss of use/rental)

If their surveyor is asking for Direct Settlement, our legal fees at this stage is \$321.00 plus disbursements incurred.

☐ If you **OBJECT**. Please proceed to appoint your surveyor and repair the vehicle after the PRI

Please forward us the repair bill and supporting documents when it's ready for us to proceed with your claim.

Meanwhile, please let us the following information when available:

1	PRI (Before dismantle)	Date: <u>06/11/2020</u>	Time: <u>0915hr</u>
2	PRI (Dismantle)	Date: <u>12/11/2020</u>	<u>LICK AUTO</u>
3	Post repair inspection (if any)	Date: _____	_____
4	Surveyor	Company: _____	Name: _____
5	Agreed COR / Days for repair	\$ _____	Days: _____
6	Vehicle	Date in: _____	Date out: _____

Please let us have your **reply ASAP before the 2 working days**. Otherwise, it will be deemed that you have **AGREED** to ANY of the surveyors listed by the Third Party insurer.

Please fax back to 65322 007.

Warmest Rgds,
Alice / Lena / Lena

Date: 04/11/2020

To The Motor Claims Manager

M/s China Taiping Insurance (Singapore) Pte Ltd
3 Anson Rd #16-00 Spring Peak Tower
63896111 Fax 62221033

Singapore 079909

Dear Sirs,

ACCIDENT ON 04/11/2020 INVOLVING VEHICLES NOS:
YP9147X AND PC3204D
ALONG / AT PIE (Tuas) Exit 1

I/We Tarkus Interiors Pte Ltd of NRIC NO.: 199004710D
am/are the registered owner of motorcar no: YP9147X. I/We, hereby
authorised you to release all compensation monies pertaining to the above-mentioned accident,
directly to my repairer, M/s Alfred Auto Services & Supplies.

I/We, hereby authorise the said repairer, M/s Alfred Auto Services & Supplies to collect all
compensation monies due to me from you or any other party, regarding the said accident.

Thank you.

Signature

Owner: _____



Signature

Witness by: Quah Hock Wai

NRIC No: S1748849/Z

Date: 04/11/2020

LETTER OF AUTHORISATION

ACCIDENT ON : 04/11/2020
AT/ALONG : PIE (Tuas) Exit 1
INVOLVING VEHICLE/S : YP9147X & PC3204D

I/We, (Name) Tarkus Interiors Pte Ltd of NRIC No / Business Registration No _____ hereby authorize **ALFRED AUTO SERVICES & SUPPLIES**, my repairer to commence repair to my/our vehicle YP9147X.

I/We also authorize my repairer to negotiate and settle my/our claim with the third party involved in the above-mentioned accident; and to give all further instructions on my/our behalf and to instruct a solicitor if needed. In which case, all future correspondences should be addressed to them.


My repairer is further authorized to receive on my/our behalf the settlement sum monies. **In the event if the cost of repair and/or rental is not recovered in full (100%), I/we acknowledged and agree to pay for the balance of the cost of repair and rental to my repairer.**

I/We, confirm in the event that my vehicle is required to be re-inspected and/or if I/we are required to attend Court proceedings, I/we agree to comply and extend my co-operation readily. Failing which I/we will be liable to pay the repair costs, disbursements and all legal costs incurred.

I/We, confirm in the event the Third Party claim is unsuccessful (E.g. In cases whereby the Third Party driver is driving under the influence of alcohol, driving without insurance coverage, driving without license, driving without authorization), I/we agree to pay for the repair costs, disbursements and all legal costs incurred by my repairer.

Dated this 04 day of 11 2020

Quely
Signature or Right Thumb Print


Company chop (if applicable)

Name : _____

NRIC No : 199004710D

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 04/11/2020 12:46
 Date Of Accident 04/11/2020 11:10
 Exact Location Of Accident PIE (TUAS) EXIT 1
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP9147X
Insured/Policyholder
 Name Of Registered Owner TARKUS INTERIORS PTE LTD
 Co Reg No 1XXXXX710D
 Email Address TARKUS@SINGNET.COM.SG
 Mobile Phone No
 Alternative Phone No Office-62856142

Vehicle Particulars

Manufacturer HINO
 Model XZU710R
 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 LONPAC INSURANCE BHD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number Z/20/VC00/108130
 Cover Note Number

Driver

Name of Driver POOMALAI RADHAKRISHNAN
 NRIC No GXXXX165X
 Date Of Birth 03/12/1993
 Occupation OUTDOOR
 Date Of Driving Pass 22/01/2014
 Driving Experience 6 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98673813

Fax Number	
Contact Number	OFFICE-62856142
EMail Address	NOEMAIL
Address	C/O 46 DEFU LANE 9 SINGAPORE 539286
Postcode	
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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

REFER TO THE 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	PC3204D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	GOH CHENG YEOW
NRIC/Passport Number	SXXXX521A
Contact Number	97426413
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

POOMALAI RADHAKRISHNAN

Approximate Age

Injuries Sustain

BODY PAIN

Injured person in which vehicle?

YP9147X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

② P. J. L. 1.

Driver's Signature
(If driver is not the policyholder)

Date & Time: 4/11/2020

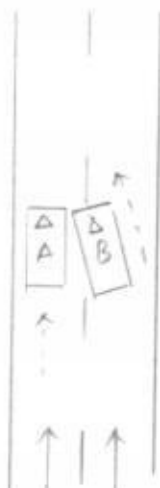
@ 12:08 hr



Reporting Centre Person's Signature
Name:
NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN



A - YP9147X

B - PL3204D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the mentioned date & time, I was driving vehicle YP9147X along the slip road (Exit 1) of PIE (Tuas) on the left lane of 2 lanes road while I was travelling straight, suddenly I felt an impact from my front right and realised that my vehicle was being hit by vehicle PL3204D. The said car cut into to my path from right lane.

Insurance Co.	LDN AC Ins
Vehicle No.	YP9147X
Date of accident	4/11/2020
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	
<input checked="" type="checkbox"/> Other Workshop	
Alfred Autos	

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: 4/11/2020
@ 12:08hr

Reporting Centre Personnel's Signature
Name:
NRIC/TIN No:

Driving License & NRIC