

ASS. REC. BY:

Sten

REF:

CS3/CT1209/2372/Eqf3

## ASSIGNMENT

From:

PRS

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No

DMPCSNW00064012000

Claims No

SNM20D204288C02

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:

5

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No

SJQ 8842B

Yr Regn:

29/5/09

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

Truck / Trailer or

Make:

Hyundai Avante

C.C. 1591

Colour

Black

A/C: Insured / Std / NI / N

Sp. Reading

347/65

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

KMH10U410R94759839

Gen. Cond: Good / ☒ Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/55R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

7/11/20

D.O.A.

11/11/20

Survey held at

Leng Wary motor

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

MIV- 18K

Repair 3K-4K  
5 days

Submit PRS.

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

12/11 Typist

Date/Time, File Return to?

Days Of Repair:

5

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Insp (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Pop. Form:

PRS

Emp. Sup. / E.B. P.

## 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 Authorized 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 09/11/2020 14:00  
Date Of Accident 07/11/2020 12:30  
Exact Location Of Accident HOUGANG STREET 32 BLK 6 CARPARK  
Country/State Of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ8842B  
**Insured/Policyholder**  
Name Of Registered Owner TAN LAY HOON  
NRIC No SXXXX649E  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-90093313  
Alternative Phone No OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer HYUNDAI  
Model AVANTE-1.6 (A)  
Exact Purpose for which vehicle was being used at time of accident PRIVATE 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 5117087890  
Cover Note Number

### Driver

Name of Driver TAN LAY HOON  
NRIC No SXXXX649E  
Date Of Birth 25/06/1975  
Occupation INDOOR  
Date Of Driving Pass 13/06/2002  
Driving Experience 18 YEARS AND 4 MONTHS  
Gender FEMALE  
Mobile Number (LOCAL) +65-90093313  
Fax Number  
Contact Number OFFICE-NOPHONE  
Email Address NOEMAIL

Address BLK 449 HOUGANG AVENUE 10 #02-501  
 Postcode 530449  
 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 COLLISION - CHANGE/CROSS LANE  
 Weather Conditions CLEAR  
 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? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? NO  
 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 SKETCH PLAN TO POLICE REPORT

#### Attachment(s)

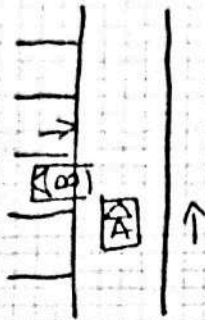
Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 11

Vehicle Registration Number SJP7785U  
 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)

# Sketch Plan

## SKETCH PLAN



A - 8JG 8842B  
B - 8JP 7785U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to Police Report*

## 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/ID No.:

## Sketch Plan #2

### 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 revoke 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: