

ASS. REC. BY:

REF:

CS/EA/21000214/ATd3

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:

SLH 902Z

Yr Regn: 2016 / Nov

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

Truck / Trailer or

Make:

Toyota Wish

C.C

1758

Colour

Grey

A/C: Insured / Std / NI / NA

Sp. Reading

329852

T/Radio: Insured / Std / NI / NA

Eng/No:

JTDG620W20J005480

C/No:

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/45R17.

R:

225/45R17.

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

eb

mm

R/Bal.

eb

mm

L/Bal.

eb

mm

L/Bal.

eb

mm

D.O.A.

D.O.I.

06/01/21

Survey held at

Green Forest

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 Ecgo

Lump Sum \$ 2200, 4days

MV:

(Red: 614815 : 13%)

PV:

Nett.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / LBJ: G

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

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 Submission	05/01/2021 15:56 (SGT)
Date of Accident	03/01/2021 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	THOMSON ROAD (BEFORE SPA FLORA)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9072Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARRO LEASING PTE. LTD.
Company Reg No	2XXXXX832G
Email Address	keane@carro.co
Mobile Phone No	(Phone) +65-67146652
Alternative Phone No	+65-67146652

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / WISH 1.8 CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5111909119-01
Cover Note Number	-

DRIVER

Name of Driver	BAHHARUDIN BIN SELAMAT
NRIC No	SXXXX103F
Date Of Birth	16/07/1973
Occupation	Outdoor

Date Of Driving Pass	02/06/2006
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97428646
Alt. Phone Number	-
Email Address	73ruddin@gmail.com
Address	BLK 127 RIVERVALE STREET #03-844
Address complement	-
Postcode	540127
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER 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	GX1637Y
Vehicle Manufacturer	Suzuki
Vehicle Model	SUZUKI / CARRY 1.3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address		-
Address complement		-
Postcode		-
Insurance Company Name		-
Nature Of Damage		-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		-

SKETCH PLAN

IMPORTANT NOTICE

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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 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.
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.



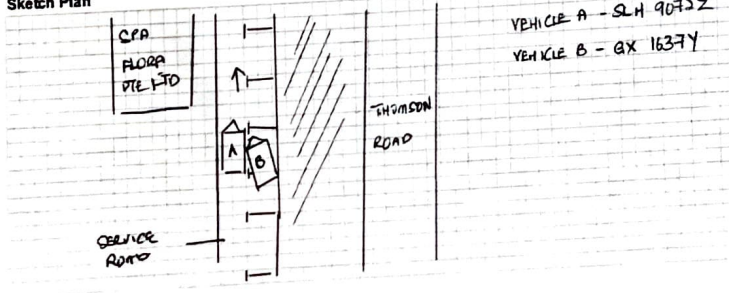
Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416897 Fax: 67492305
Email: vackb@vicom.com.sg
Witnessed by Reporting Centre Personnel

05 JAN 2021

Sketch Plan



Describe Circumstances of the Accident

ON 03 JAN 2021 @ 1420 HRS, I WAS TRAVELLING ALONG THOMSON ROAD TO DROP OFF A PASSENGER, AT THE SERVICE ROAD BEFORE SPA FLORA, I FELT AN IMPACT TO THE RIGHT SIDE OF MY CAR (VEHICLE A). I REALISED A VAN (VEHICLE B) HAD HIT MY CAR (VEHICLE A) WHEN TURNING OUT FROM THE PARKING LOT.

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacb@vicom.com.sg

Witnessed by Reporting Centre Personnel

05 JAN 2021



PEOPLES AUTO TRADING
BLK 3007 UBI ROAD 1 #01-400
TEL 6741 4646



COMPUTERIZED ALIGNMENT SPECIALISTS

DATE Jan 6, 2021 3:20:02 PM

CUSTOMER CASH

CHASSIS NO SLH9072 Z
MILEAGE 329855
REFERENCE CUSTOM

MODEL TOYOTA WISH (E20)

Front Wheels

SPECS

DIAGNOSIS

ADJUSTMENT

min	prv	max	Δ	L	total	R	Δ	L	total	R	Δ
-1.00	0.00	1.00			-10.70				-10.80		
-0.50	0.00	0.50		-5.90	-4.70			-0.40	-10.30		
---	---	---		-0.04°				-0.04°			
-0°58'	-0°12'	0°30'		-0°46'	-0°36'	0°10'		-0°50'	-0°32'	0°18'	
2°30'	3°30'	4°30'		4°06'	4°20'	0°14'		4°06'	4°20'	0°14'	
---	---	---		12°08'	11°32'	0°36'		12°08'	11°32'	0°36'	
---	---	---		11°20'	10°54'			11°16'	10°58'		
---	---	---		---	---			---	---		
---	---	---		---	---			---	---		
---	---	---		---	---			---	---		
---	---	---		---	---			---	---		

STEERING IN
STEERING OUT

Rear Wheel

SPECS

DIAGNOSIS

ADJUSTMENT

min	prv	max	Δ	L	total	R	Δ	L	total	R	Δ
---	---	---			4.70				4.70		
---	---	---		3.00	1.60			3.00	1.60		
---	---	---		0°04°				0°04°			
---	---	---		-1°24°	-1°44°	0°20°		-1°24°	-1°44°	0°20°	
0°08°	0.00	0°08°		0°06°				0°06°			

TOTAL TOE
PARTIAL TOE
SET BACK
CAMBER
THRUST ANGLE