

60
PRS

CTi

+

ASSIGNMENT

SUX 19435

Regd 30 Dec 2020

Type ☒ M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make Toyota Prius C.C. 1798

Colour Black A/C Insured / Std / NI / NA

Sp Reading 380 T/Radio Insured / Std / NI / NA

Eng/No. JTD8S3EU80J053604

C/No: 9

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 Al Rim or

Tyre Size: F: 205/60R16

R: 11

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

TOYO / YOKO or

Front 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 9 D.O.L. 9

Survey held at at w/s 07-01-21 09:30pm

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

O/S RA
The UIC / Chassis frame / Body Structure affected due to collision.

ated Cost.
TP / WS / TP RES / OD RES / EVA / INV / MV

inspect Vehicle No:
Workshop m/s Eclipse Auto

red:
by No.
mis No.
Insured:
Client's Record)
e of Veh:

Policy Condition)
mark: The veh had commenced its
repair at the time of inspection.

l or Market Value:
AC Accident Report
A / PR Seen.
l. Repairs. 4 days Res: Yes or No
in Sum. % 3 Val: Yes or No

A / REV / REP. / 24 HRS

ate: Person Contacted Vehicle IN / OUT

Date / Time Action / Instruction
\$3000 - \$4000

Submit PRS Report

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

Date/Time, File Return to:

Days Of Repair: 4
Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp. \$
☐ Interview \$
☐ Transport \$

Survey Fee:
Transportation
Site - Fee
Interview
Transport

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 14:10 (SGT)
Date of Accident 04/01/2021 18:10 (SGT)
Exact Location of Accident Commonwealth Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX1943S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DREAM CAR LEASING PTE LTD
Company Reg No 2XXXXX013Z
Email Address dreamcarrentalsg@gmail.com
Mobile Phone No (Phone) +65-81288789
Alternative Phone No +65-81288789

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number C0113033

DRIVER

Name of Driver CHAI JOE YEE
NRIC No SXXXX877E
Date Of Birth 01/10/1996
Occupation Indoor

Date Of Driving Pass	22/10/2020
Driving experience	3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84438867
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 233 AMK AVE 3 #10-1188
Address complement	-
Postcode	560233
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	Collision - Change/cross lane
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	ZHANG CHAO
Gender	Male

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 TO STATEMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB7621C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LUKE SIMON ANTHONY
NRIC No	SXXXX078E

Contact Number	(Phone) +65-96213474
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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:

4/1/2024

GIANC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 4/1/2024

18:15

Reporting Centre Personnel's Signature

Name:

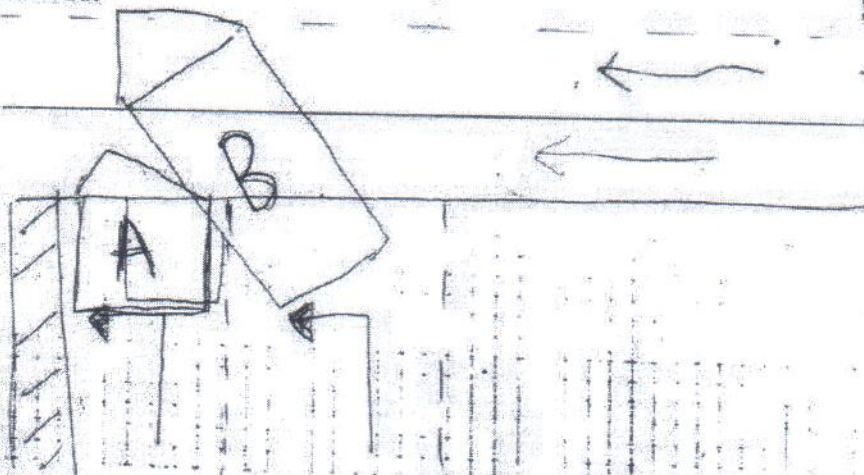
NRIC/FIN No.:

Queensway

SKETCH PLAN

A: SMX19438

B: GBB7621C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting for the traffic light to turn green for me to turn left to Queensway Road, a Nissan van (GBB7621C) was also turning left, but the driver did not watch the traffic out and turned to my lane until he was too close to hit the front part of my car (right hand side). *[Signature]*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 4/1/2021
GNRC SketchPlanForm_V3

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 4/1/2021
6:16pm

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/PM No.: