

ASS. REC. BY:

REF:

CS/CTI21000834/Aqf3

## 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. **DMPCSNW00074362000**Claims No. **SNM21D200248C02**

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: **6** 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: **SM74116P** Yr Regn: **2020/June**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Hyundai Venue** C.C. **1598**Colour: **White** A/C: Insured / Std / NI / NASp. Reading: **8787** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **KMHRC813TL4051310**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **205/55R17**R: **205/55R17**

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

TOYO / YOKO or **Nexen**

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. \_\_\_\_\_ D.O.I. **19/01/21**Survey held at **Twin Car**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 Chkn.****27/01/21** Informed Irene Tay, we are pending for estimate from repairer.**05/04/21@5.13pm** revised to Irene Tay via Merimen.

MV:

PV:

Nett:

**LS \$4500, 6 days (Red \$3251.48, 42%)**

Date/Time, File Pass to?

☐

: Preli. Report

1) **05/04** Typist☐

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: **6**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + PS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: **MER-TP**Lump Sum / **4500**



## 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	15/01/2021 11:31 (SGT)
Date of Accident	15/01/2021 06:40 (SGT)
Exact Location of Accident	Pasir Ris Flyover, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT4116P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FATIMAH BINTE MOHAMED ALI
NRIC No	SXXXX214F
Email Address	FALI_14@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98330353
Alternative Phone No	+65-98330353

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	VENUE
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	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117679245
Cover Note Number	-

#### DRIVER

Name of Driver	MUHAMMAD KHAIROLLAH BIN YAHYA
NRIC No	SXXXX745B
Date Of Birth	08/12/1981
Occupation	Indoor

Date Of Driving Pass .....	24/02/2015
Driving experience .....	5 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90030161
Alt. Phone Number .....	-
Email Address .....	KHAIRULLAHYAHYA@GMAIL.COM
Address .....	BLK 497H TAMPINES ST 45 #05-106
Address complement .....	-
Postcode .....	526497
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 - Head to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 .....	SMQ4593K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LOW PENG WANG
Contact Number .....	(Phone) +65-96792085
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-



Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... MUHAMMAD KHAIRULLAH BIN YAHYA  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SMT4116P  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

## 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 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 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' law yers/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.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/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

Witnessed by Reporting Centre Personnel

### Sketch Plan

Veh A: SMT416P  
Veh B: SMG4593K

Pass: Rm Flyover



## Describe Circumstances of the Accident

On above date & time, I was driving my vehicle A (SMT4116 P) traveling along Passer Riv. Highway towards Pass Riv. Ave 8 on lane 1 of a 7-lanes road. Somewhere after the junction of TPE slip road, vehicle ahead stopped due to red light. As such, I applied brake and stopped behind vehicle ahead. Out of sudden, vehicle B (SMT4593K) came from rear and collided onto the rear portion of my vehicle.

## Declaration

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

Witnessed by Reporting Centre Personnel