ASSIGNMENT

From: Date:

Estimated Cost:

QD / 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 Rport: 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: SLZ6271R. Yr Regn: 2018 May.

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

Make: Nissan ~~Fiesta~~ Sylphy c.c 1598.

Colour Grey. A/C: Insured / Std / NI / NA

Sp.Reading 68990 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MNTBBABITZ0031980

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60R16

R: 195/60R16.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	11/02/21.

Survey held at J-Mart.

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 AIG
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp @$

☐ : Interview @

☐ : Tech. Insp @

☐ : Medical @

Survey Fee:

Transportation:

1) ___ 2) PS ___ 3)

Phone:

Other:

Report Format :

Lump Sum / UP to :

income made different

NTUC Income Insurance Co-operative Limited
Income Centre 75 Bras Basah Road Singapore 189557
Tel: 6788 1777 · Fax: 6338 1500
Email: csquery@income.com.sg · Website: www.income.com.sg
an NTUC Social Enterprise

Motor accident report and claim form

Policy number	Vehicle number	Name of policyholder
510880 7482 - 01	SLZ6271R	Tang wai seng derrick

Reason for reporting

☐ To claim for damage I have caused ☑ To make a third-party claim ☐ To report my accident only

Brief description of accident

Date (dd/mm/yyyy)	Time	Type of collision	Weather condition
10/02/2021	1030hrs	Side swipe	☑ Clear ☐ Raining ☐ Others

Location: Ubi road 1 and juction of exit from block 3020

Road surface: ☐ Wet ☑ Dry ☐ Others

Was the accident reported to the police? ☐ Yes ☑ No
If yes, please state which police station.

Details of driver

Name (as shown in NRIC)	Pass date of driving licence	NRIC number
Tang wai seng derrick	03/04/1995	S1681760J

Contact number	Date of birth (dd/mm/yyyy)	Email	Sex
98778359	06/11/1965	waiseng5691@yahoo.com	☑ Male ☐ Female

Address: Blk 260B Sengkang east way #15-450 Singapore 542260

Is your occupation: ☐ indoor? ☐ outdoor?

Purpose for which the vehicle was being used at the time of the accident
☑ Personal ☐ Commercial ☐ Private Hire
☐ Others, please specify:

Relationship to policyholder: Policyholder

Details of passenger(s)

Number of passengers(s) including Driver: 1

	Name of passenger(s)	Sex
1		☐ Male ☐ Female
2		☐ Male ☐ Female
3		☐ Male ☐ Female
4		☐ Male ☐ Female

Details of the other driver(s) and vehicle(s) involved

	Name of other driver (or drivers)	Vehicle number	NRIC number	Contact number
1	Ling yun tick	SLM39D	S1277268	96739028
2				
3				

Injury details

Was anybody injured in this accident? ☐ Yes ☑ No
If yes, please go to the next question.

	Name of injured person	Sex	Convey by ambulance	Vehicle number	Contact number
1		☐ Male ☐ Female	☐ Yes ☐ No		
2		☐ Male ☐ Female	☐ Yes ☐ No		
3		☐ Male ☐ Female	☐ Yes ☐ No		
4		☐ Male ☐ Female	☐ Yes ☐ 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 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.

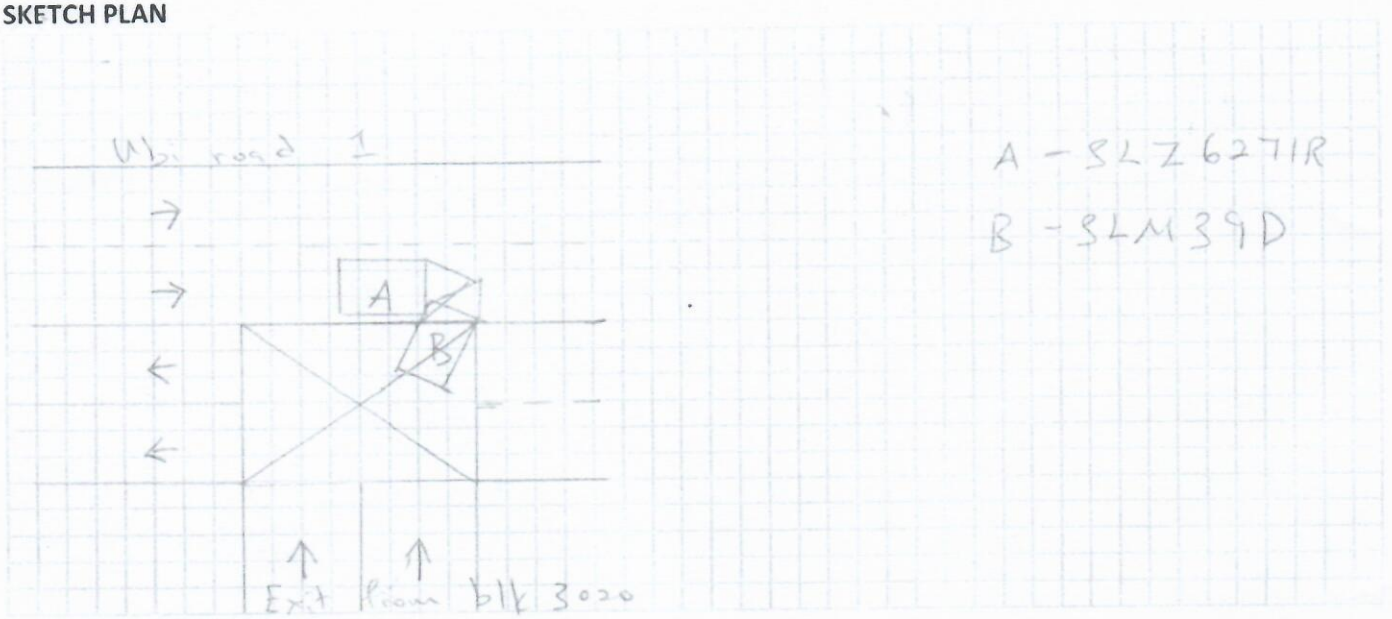
   (e) the information so collected under (d) above may be shared / disclosed:

   (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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 10/02/2021 12:00hrs	(If driver is not the policyholder)	Name: Mohd Yunos
	Date & Time:	NRIC/FIN No.: S8903792D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight on the road 1 on lane 1 when vehicle B suddenly exited out from blk 3020 and made a right turn colliding into my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time: 10/07/2021 (2000hr)

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

Reporting Centre Personnel's Signature
Name: Mohd Yunus
NRIC/FIN No.: S8903592D