

ASS. REC. BY: Toughlin

REF: CS3/LPC21002493/TIVf3

**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: \_\_\_\_\_

Veh No: G3G4910L Yr Regn: 20/71 Aug.  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Dynia c.c. 2982  
 Colour: Blue A/C: Insured / Std / NI / NA  
 Sp. Reading: 131526 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTFAT35 J30K208686  
 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/R15  
 R: 155/R12  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Roadian  
 Front 6 mm R/Bal. 6/6 mm  
 L/Bal. 6 mm R/Bal. 6/6 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 2/6/21 @ 2pm  
 Survey held at GRAS Auto  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear m/s  
 The U/C / Chassis frame / Body Structure affected due to collision.

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

N/S	O/S

 Bal. or Market Value: \$60K  
 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 WP PRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Date / Time	Action / Instruction

Date/Time, File Pass to?  : Preli. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to?  
 2) \_\_\_\_\_  
 Report Formed: \_\_\_\_\_  
 Lump Sum / L.B.I. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Invs (\$) \_\_\_\_\_  
 : Weekend (\$) \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + 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	17/02/2021 15:39 (SGT)
Date of Accident	10/02/2021 19:15 (SGT)
Exact Location of Accident	Tuas West Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4910L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	UKA LEASING PTE LTD
Company Reg No	2XXXXX072Z
Email Address	QASAUTO2011@GMAIL.COM
Mobile Phone No	(Phone) +65-67429983
Alternative Phone No	+65-88096074

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Goods vehicle

### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	5111756805
Cover Note Number	-

### DRIVER

Name of Driver	WANG CUIYAN
Passport No/FIN	GXXXX323W
Date Of Birth	24/02/1973
Occupation	Outdoor

Date Of Driving Pass .....	07/09/2015
Driving experience .....	5 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-88096074
Alt. Phone Number .....	-
Email Address .....	QASAUTO2011@GMAIL.COM
Address .....	NA
Address complement .....	-
Postcode .....	-
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 - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Wet

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) .....	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

I STOPPED BEFORE THE TRAFFIC LIGHT ON LANE 2 DUE TO RED LIGHT. VEHICLE B SUDDENLY SWERVED FROM LANE 2 AND IT HIT ONTO MY VEHICLE REAR LEFT SIDE. DUE TO THE HEAVY IMPACT IT PUSHED MY VEHICLE TO THE FRONT AND HIS SWERVED TO THE RIGHT ON LANE 1.

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 .....	XD8152L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SONAIMUTHU SEKAR
Passport No/FIN .....	GXXXX753L
Contact Number .....	-
Address .....	-

SKETCH PLAN

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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 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, notices, 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/are 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 (a) 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

*Carolin*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 17/12/21



Reporting Centre Personnel's Signature  
Name:  
NRIC/ANN No.:

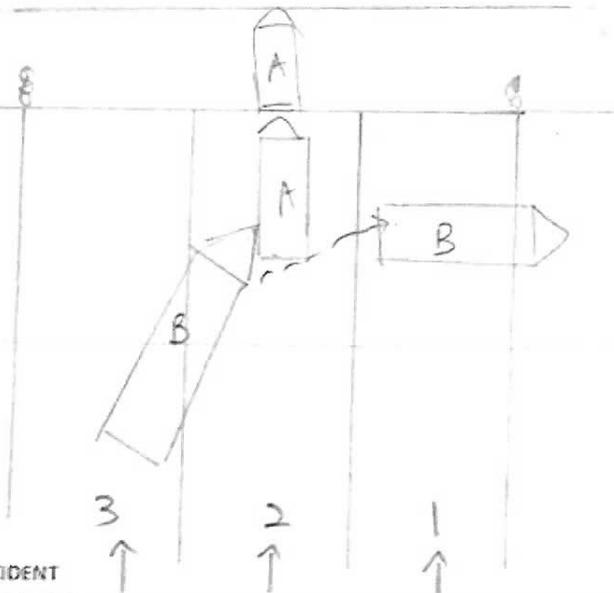
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLAN

Tuas West Rd

A = GBG 4910 L

B = XD 8152 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped before the traffic light on lane 2 due to red light. vehicle 'B' suddenly swerved from lane 3 and it hit onto my vehicle rear left side. Due to heavy impact it pushed my vehicle to the front and his swerved to the right on lane 1.

DECLARATION

I declare that the foregoing particulars are true in every respect



Reporting Officer's Signature:  
Date & Time:

*[Signature]*

Driver's Signature:  
(If driver is not the policyholder)  
Date & Time: 11/7/2011



Reporting Officer's Signature:  
Name:  
NHE/AN/RG:

