

62  
PRS

CTI  
ASSIGNMENT

SUB 5228Y 12 Apr 2016

Estimated Cost  
TP / WVS / TP RES / OD RES / EVA / INV / MV

Inspect Vehicle No  
Workshop n/s AT Performane

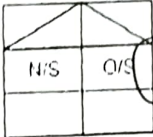
ured  
Policy No  
ains No  
im Insured Excess  
(Client's Record)  
ake of Veh

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

al or Market Value \$47K  
JAC Accident Report Consistent? Yes or No  
IA / PR Seen Consistent? Yes or No  
st Repairs 7 days Res Yes or No  
up Sum. % 3 Val Yes or No

CA / REV / REP. / 24 HRS

Date Person Contacted Vehicle: IN / OUT



Type M / Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make Toyota AX10 L5G 1496  
Colour Blue  
Sp Reading 126024  
Eng/No NRE 1610011368  
C/No  
Gen Cond Good / Fair / Poor / Burnt  
Steering In Good / Jammed / Leaked / Burnt or  
Brake In Good / Jammed / Leaked / Burnt or  
Modi Nil / S / R / STD A / Rim or  
Tyre Size F: 185/60 R15  
R: 11

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

Front Rear  
R/Bal 6 mm R/Bal 6 mm  
L/Bal 6 mm L/Bal 6 mm  
D.O.A D.O.I. 25-02-21

Survey held at W/S 12:30pm  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

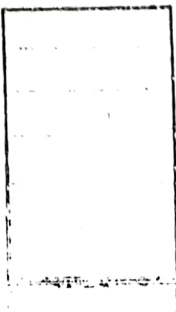
Date / Time Action / Instruction  
COE: 28833  
\$5000 - \$6000

Date/Time File Pass to  
Date/Time File Return to  
Date/Time File Return to

Days Of Repair:  
Resurvey No. of Trip:

Survey Fee:  
Transportation

Adm Fee:  
Site Insp \$5  
Interview \$5  
Frt \$5  
Rear \$5



## 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	23/02/2021 10:57 (SGT)
Date of Accident	22/02/2021 18:47 (SGT)
Exact Location of Accident	Woodlands Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB5229Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lew Sin Ee
NRIC No	SXXXX157E
Email Address	selew@hotmail.sg
Mobile Phone No	(Phone) +65-98478196
Alternative Phone No	+65-98478196

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	Hong Leong
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP311105
Cover Note Number	-

#### DRIVER

Name of Driver	Lew Sin Ee
NRIC No	SXXXX157E
Date Of Birth	25/05/1966
Occupation	Indoor

Driving Pass	30/12/1983
g experience	37 YEARS AND 2 MONTHS
der	Male
obile Number	(Phone) +65-98478196
Alt. Phone Number	+65-98478196
Email Address	selew@hotmail.sg
Address	BLK 807 Woodland St 81 #06-201
Address complement	-
Postcode	730807
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	Tan Eng Seok
Gender	Female

#### PASSENGER 2

Name	Lew Sze Khai
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 the sketch plan

#### 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	XE5935J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

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**

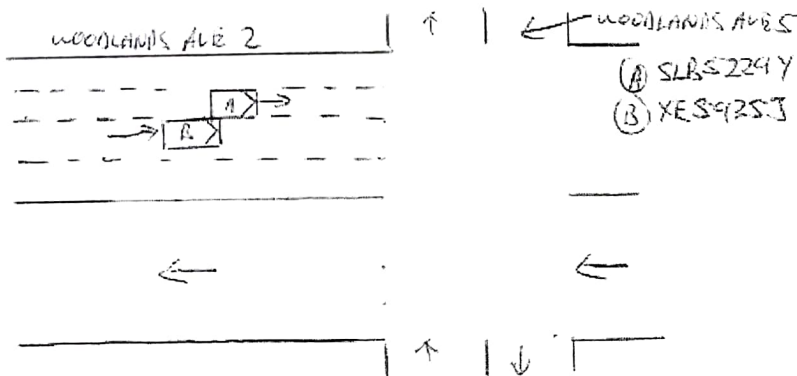
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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.  
(collectively the "Purposes")  
(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**





**Describe Circumstances of the Accident**

I WAS DRIVING ALONG WOODLANDS AVE 2 ON THE 2ND LEFT LANE (LANE 3).  
 A LORRY XES935I WHICH WAS TRAVELLING FROM LANE 2 SUDDENLY CUT  
 INTO MY LANE AND HIT INTO MY CAR REAR RH SECTION.  
 I AM CLAIMING THIRD PARTY AT AT PERFORMANCE.  
 PLEASE EMAIL AND CC COPY TO ME AND MY WORKSHOP

**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

