

ASS. REC. BY: ADRIAN

REF: CS/AGI21002963/Aqd3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: PC 3587Z

at Workshop m/s N-51 AUTOMOTIVE

of _____

Insured: SMX 312U

Policy No. _____

Claims No. C10009180/CH

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: 4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PC3587Z

Yr Regn: 2015, Jve.

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

Truck / Trailer or Mini Bus

Make: Toyota Hiace

C.C. 2982

Colour: Silver

A/C: Insured / Std / NI / NA

Sp. Reading: 216805

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KD112230023283

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 A/Rim or

Tyre Size: F: 195R15C

R: 195R15C

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. 05/03/21

Survey held at K151

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

o/s rear

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

Date / Time Action / Instruction

TP Free Budget Diapl.

CONFIRMED L/S \$1,800, 4 DAYS.

(RED \$3,227.94; 64%)

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

Preli. Report

1) 23/03 TYPIST

☐

Final Report

Date/Time, File Return to?

2) _____

Report Format: TP

Lump Sum / Total: \$1,800.00

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Insp (\$)

☐

Week end (\$)

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

TOTAL

SS1Y212P0005 / SME MOTOR PTE LTD
 ENTRY DATE & TIME: 25/02/2021 11:39 (SGT)
 SUBMITTED BY: Chia Pei Ying
 VERSION: 1 (25/02/2021 11:39 (SGT))



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	25/02/2021 11:39 (SGT)
Date of Accident	24/02/2021 08:20 (SGT)
Exact Location of Accident	Joo Chiat Rd, Singapore
Additional Location Information	BEFORE EAST COAST ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3587Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JUST 2 RIDE
Company Reg No	5XXXX511D
Email Address	just2ride01@yahoo.com
Mobile Phone No	(Phone) +65-92984774
Alternative Phone No	+65-92984774

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MOMVC000008555-00-000
Cover Note Number	-

DRIVER

Name of Driver	CHIA LAY TIN
NRIC No	SXXXX506E
Date Of Birth	26/06/1975
Occupation	Outdoor

Date Of Driving Pass	25/07/2013
Driving experience	7 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88238966
Alt. Phone Number	-
Email Address	appleapple7606@gmail.com
Address	BLK 24 CHAI CHEE ROAD #11-582
Address complement	-
Postcode	480024
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
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

ON ABOVE DATE AND TIME, MY VEHICLE (PC3587Z) WAS STATIONARY ALONG JOO CHIAT ROAD TOWARDS MARINE PARADE CENTRAL ON SINGLE LANE WHILE WAITING TRAFFIC LIGHT TO TURN GREEN. OUT OF SUDDEN, VEHICLE B (SMX312U) CAME OUT FROM THE CARPARK OF KATONG POINT MADE A LEFT TURN AND THE LEFT PORTION OF VEHICLE B COLLIDED ONTO THE REAR RIGHT PORTION OF MY VEHICLE.

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	SMX312U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WEE LAY KHENG
Contact Number	(Phone) +65-97482017
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHIA LAY TIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC3587Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

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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 completion of this report to the insurers, you hereby consent to the archiving of this report at the centre and to access of this report being made available afterwards.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my work unit and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose or process my personal and personal information set out in this form and any other personal information provided by me or provided or received by my insurer collectively the Personal Information and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident all insurers who have insured vehicle(s) involved in this accident and/or respectively referred to as the Insurers, the Insurers' law persons (i.e. the Ministry of Transport of Singapore and any relevant government agency or authority, such as the Police, for the purpose as set out below;
(b) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(c) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(d) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(e) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(f) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(g) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(h) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(i) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(j) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(k) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(l) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(m) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(n) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(o) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(p) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(q) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(r) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(s) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(t) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(u) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(v) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(w) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(x) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(y) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;
(z) I agree not to hinder and/or dealing with my work unit and the settlement of the claim and any insurers' handling of the accident;

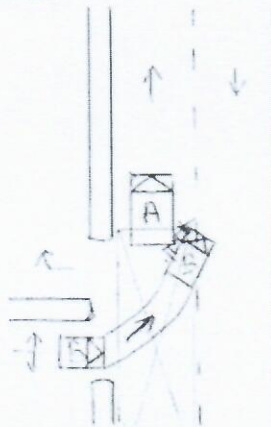


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Recording Centre Personnel

Sketch Plan



Veh A: PC 35572
Veh B: SMX 312U

NSI

Describe Circumstances of the Accident

(PC35872)

On above date & time, my vehicle was stationary along Joo Chiat Road towards Marine Parade Central on single lane while waiting traffic light to turn green. Out of sudden, vehicle B (SMX3124) came out from the car park of Katong Point made a left turn and the left portion of vehicle B collided onto the rear right 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