

ASS. REC. BY:

REF:

CS/CTI 2003412/ATd3

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: _____

(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: _____ 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: SKL1321Z Yr Regn: 2013 Sept

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

Truck / Trailer or

Make: Toyota Altis c.c. 1598.Colour: Gold A/C: Insured / Std / NI / NASp. Reading: 132206 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053REE104166245Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15R: 195/65 R15

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 15/03/21.Survey held at MS

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

Rear o/s.

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

Date / Time	Action / Instruction
	<u>TP (Chin)</u>
	<u>Lump Sum \$1200/- (Red: 6146-13; 830%)</u>
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

Report Format:

Lump Sum / L.B.I. (\$) 1200/-

FILE:

VEH REG NO: _____

MOTOR ACCIDENT REPAIR BASIC INFORMATION

DATE OF ACCIDENT	11/3/21
TIME OF ACCIDENT (24HR FORMAT)	12:10
EXACT LOCATION OF ACCIDENT	Infront 449 Tanager Industrial Ave

OWN VEHICLE DETAILS

NAME OF REGISTERED OWNER	Huang Ai Qing
ID OF REGISTERED OWNER	S126700B
OFFICE NUMBER	
EMAIL ADDRESS	fullstep423@gmail.com

VEHICLE PARTICULARS (OWN VEHICLE)

VEHICLE REG NUMBER	SKL 1321L				
VEHICLE MAKE / MODEL					
EXACT PURPOSE FOR WHICH VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT					
ARE YOU CLAIMING UNDER YOUR OWN INS. POLICY	YES		3RD PTY		REPORT ONLY
VEHICLE CATEGORY	PRIVATE CAR	COMM VEH	GOODS VEH	MOTOR TRADE GOVERNMENT	GOVERN VEH

INSURANCE COMPANY (OWN VEHICLE)

INSURANCE COMPANY	QBE
TYPE OF COVERAGE	
FLEET POLICY	
POLICY NUMBER	

DRIVER PARTICULARS

NAME OF DRIVER		
ID OF DRIVER		
DATE OF BIRTH	30/6/1957	
RELATIONSHIP WITH OWNER / OCCUPATION		INDOOR / OUTDOOR
DRIVING PASS DATE	27/1/2003	
GENDER	MALE	FEMALE
MOBILE NUMBER	90026992	
OFFICE / HOME / OTHER NUMBER		
HOME ADDRESS	B11K 466 Ang Mo Kio Ave 10 #13-1034	
EMAIL ADDRESS		
WAS THE DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY	YES	NO
DOES THE DRIVER OWN ANY OTHER VEHICLE? IF YES, PLEASE INDICATE	YES	NO
DRIVER'S OWN CAR VEHICLE NUMBER		

OWNER / DRIVER'S SIGNATURE: _____

DATE / TIME: _____

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.

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Policyholder's Signature Date
& Time:

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

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