

ASS. REC. BY:

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop n/s

of

Insured:

Policy No.

Claims No.

2362956441SG

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

\$17K

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5 ~~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:

SM 506X

Yr Regn:

19 Dec 2008

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

Truck / Trailer or

Make:

Toyota AX101.5X c.c 1496

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

468436

T/Radio: Insured / Std / NI / NA

Eng/No:

NZE1416106476

C/No:

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:

195/55R15

R:

11

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

TOYO / YOKO or

CST

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

26-03-21

Survey held at

W/S

11 AM

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

Cob: 7516

But Body Injured.

28/05/21 Submit DAR; 5 repair days.

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 5

1) 28/05 Typist

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Resurvey (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Other:

Report Filed:

MER-DAR

Report Date / Time

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	22/03/2021 14:55 (SGT)
Date of Accident	20/03/2021 23:52 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPP ALJUNIED ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM506X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ST RENT & DRIVE PTE LTD
Company Reg No	200000374C
Email Address	halizah.h.rashid@gmail.com
Mobile Phone No	(Phone) +65-88588766
Alternative Phone No	+65-88588766

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5105957430-02
Cover Note Number	-

DRIVER

Name of Driver	HALIZAH D/O HARUN RASHID
NRIC No	SXXXX286E

Date Of Birth	01/02/1982
Occupation	Outdoor
Date Of Driving Pass	25/03/2004
Driving experience	17 YEARS
Gender	Female
Mobile Number	(Phone) +65-88588766
Alt. Phone Number	-
Email Address	halizah.h.rashid@gmail.com
Address	BLK 30 NEW UPPER CHANGI ROAD #14-804 SINGAPORE
Address complement	-
Postcode	461030
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	AMANDA FONG
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG2135X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMED SADIQ BIN MOHAMED IQBAL
NRIC No	SXXXX331B
Contact Number	(Phone) +65-87496294
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AMANDA FONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM506X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	HALIZAH D/O HARUN RASHID
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM506X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

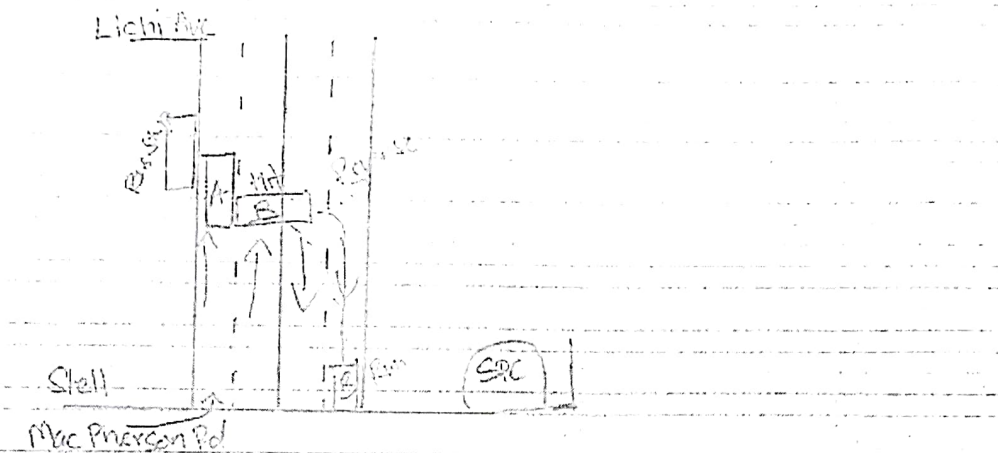
WITNESS DETAILS

WITNESS 1

Name	AMANDA FONG
Phone	(Phone) +65-91717904
Email	-

SKETCH PLAN

DISCUSSION



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

Policyholder's Signature

Date & Time:



Drive 8/2/2018

is not the policyholder)

Listed below:



Reporting Centre Representative's Signature

52104

IRIC/FIN No.:

1991

E. Consent under the Personal Data Protection Act (PDPA)

¹ understand, acknowledge, agree and consent to: =

(3) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal and 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 that he had exclusively referred to as the "Insurer(s)", the Insurer(s) lawyers/firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) stated.

(f) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(E) Investigating the accident and/or its causes.

(2) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(c) 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

(f) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Program")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurer's 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 QIA to their third party service providers or agents(including their lawyers/firm), which may be sittd outside of Singapore, for one or more of the above Purposes.

(2) 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:

(f) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, law enforcement and government agencies as reasonably required for the purposes stated, or

(f) for complying with requirements under any regulations, laws or court orders.

Publication: 1 September
Date & Time: 10:00

Officer's Signature _____
 (If Officer is not the policyholder)
 Date of Transaction _____

Reporting Officer's Signature
Name
Date/Time