

ASS. REC. BY:

REF:

CS/AGI21003740/Aqf3

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. **C10009498/ST**

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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: **4** 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: **SMP3966E** Yr Regn: **2010 / Nov**Type: **M.Cap** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

ConvertibleMake: **Mercedes Benz E250** C.C. **1796**Colour: **Red.** A/C: Insured / Std / NI / NASp. Reading: **142873** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WDD2074472 F080143**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **245/35R19**R: **245/35R19**BS: **DUN** / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. _____ D.O.I. **23/03/21**Survey held at **CAS**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
	TP Budget Direct
	LS \$1800, 4 days (Red \$17604.50, 91%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐ : Preli. Report1) **06/09 Typist**☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **4**

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + PS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Format: **TP**Lump Sum / **1800**

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	20/03/2021 14:49 (SGT)
Date of Accident	20/03/2021 10:36 (SGT)
Exact Location of Accident	266 Compassvale Bow, Singapore 540266
Additional Location Information	SERVICE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3966E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAJKUMAR S/O RAMAKRISHNAN
NRIC No	SXXXX188F
Email Address	roachraj@gmail.com
Mobile Phone No	(Phone) +65-91164862
Alternative Phone No	+65-91164862

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118462468
Cover Note Number	-

DRIVER

Name of Driver	RAJKUMAR S/O RAMAKRISHNAN
NRIC No	SXXXX188F

Date Of Birth	24/07/1994
Occupation	Indoor
Date Of Driving Pass	03/06/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91164862
Alt. Phone Number	+65-91164862
Email Address	roachraj@gmail.com
Address	BLK 548 HOUGANG ST 51 #02-240
Address complement	-
Postcode	530548
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	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?	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

ON 20/03/2021 AT 10.36AM, I WAS DRIVING MY VEHICLE (SMP3966E) ALONG THE SERVICE ROAD OF BLK 266 COMPASSVALE BOW. AS I WAS DRIVING STRAIGHT, VEHICLE B (SLU3206B) SUDDENLY CAME OUT OF THE LOADING BAY AND HIT ONTO THE LEFT OF MY VEHICLE. WE EXCHANGED PARTICULARS AND I PROCEED TO MY WORKSHOP FOR ACCIDENT INSURANCE REPORTING

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 TP WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU3206B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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

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 Authorized 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.



Policyholder's Signature
Date & Time: 200321 1240



Driver's Signature
(if driver is not the policyholder)
Date & Time: 200321 1240

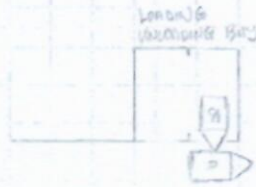
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I hereby authorize SNE Motor P/L
and my accident report to gerine @ casgarage.sg



SKETCH PLAN

Along Blk 266
(compressible row)
Service Road



A : Smp 3966 E

B : SLU 3206 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/3/21, AT 10.36 AM. I WAS DEMING MY VEHICLE, SMP 3966 E, ALONG THE SERVICE ROAD OF BLK 266 (COMPRESSIBLE ROW). AS I WAS DEMING STRAIGHT, VEHICLE B, SLU 3206 B, SUDDENLY ^{POPE} OUT OF THE LOADING ROW AND HIT ONTO THE LEFT OF MY VEHICLE.

WE EXCHANGED PARTICULARS AND I PROCEED TO MY WORKSHOP FOR ACCIDENT INSURANCE REPORTING.

DECLARATION

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


Policyholder's Signature
Date & Time: 200321 1240


Driver's Signature
(If driver is not the policyholder)
Date & Time: 200521 1240

Reporting Centre Personnel's Signature
Name:
ID No./Position: