

REF: CS/CTI21005198/Avf3

ASS. REC. BY:

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: **GBJ 2627C**Policy No. **DMCVSNW00021212100**Claims No. **SNM21D201984/C2/IRENE**

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: **SJW3680C** Yr Regn: **2018 / Sept.**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Honda Shuttle Hybrid** C.C. **1496**Colour: **Red** A/C: **Insured / Std / NI / NA**Sp. Reading: **48759** T/Radio: **Insured / Std / NI / NA**

Eng/No: \_\_\_\_\_

C/No: **6P71217383** \*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: **185/60R15**R: **185/60R15**

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

TOYO / YOKO or

**Falken**

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. **86** mm R/Bal. **86** mmL/Bal. **86** mm L/Bal. **86** mmD.O.A. **7/4/21** D.O.I. **03/05/21**Survey held at **BW**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                                |
|----------------|-----------------------------------------------------|
|                | <b>TP China.</b>                                    |
| <b>29/5/21</b> | <b>Adrian confirmed \$1717.20 (Red 2010.40,53%)</b> |
|                | <b>MV :</b>                                         |
|                | <b>PV :</b>                                         |
|                | <b>Nett :</b>                                       |

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) **31/5/21-Typist**Days Of Repair: **4**Resurvey No. of Trip: **1**Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_

Photos

Others

TOTAL

Report Format: **Merimen**Lump Sum / LBJ: (\$) **\$1717.20**

## 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              | 07/04/2021 15:59 (SGT)                        |
| Date of Accident                | 07/04/2021 12:27 (SGT)                        |
| Exact Location of Accident      | 3 Toa Payoh Industrial Park, Singapore 319055 |
| Additional Location Information | #01-1381                                      |
| Country/State of Loss           | Singapore                                     |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SJW3680C |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | No                    |
| Name Of Registered Owner | SEAH FANG HUEI        |
| NRIC No                  | SXXXX617B             |
| Email Address            | CRUISE@DCREACTIVE.COM |
| Mobile Phone No          | (Phone) +65-82222278  |
| Alternative Phone No     | (Home) +65-67820451   |

#### VEHICLE PARTICULARS

|                                                                              |                           |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer                                                                 | Honda                     |
| Model                                                                        | Shuttle                   |
| 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                                                                           | 1496                      |

#### INSURANCE COMPANY

|                           |                           |
|---------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Type of Coverage          | Comprehensive             |
| Fleet Policy              | No                        |
| Policy Number             | SI20V09910/VPC/R02        |
| Cover Note Number         | -                         |

#### DRIVER

|                |                          |
|----------------|--------------------------|
| Name of Driver | ONG JUNYAO (WANG JUNYAO) |
| NRIC No        | SXXXX149D                |

|                                                                    |                                              |
|--------------------------------------------------------------------|----------------------------------------------|
| Date Of Birth .....                                                | 13/05/1982                                   |
| Occupation .....                                                   | Indoor                                       |
| Date Of Driving Pass .....                                         | 19/07/2005                                   |
| Driving experience .....                                           | 15 YEARS AND 9 MONTHS                        |
| Gender .....                                                       | Male                                         |
| Mobile Number .....                                                | (Phone) +65-97471909                         |
| Alt. Phone Number .....                                            | -                                            |
| Email Address .....                                                | CRUISE@DCREACTIVE.COM                        |
| Address .....                                                      | BLK 342 TAMPINES STREET 33 #08-292 SINGAPORE |
| Address complement .....                                           | -                                            |
| Postcode .....                                                     | 520342                                       |
| Is the driver the policyholder? .....                              | No                                           |
| If No, Relationship of the Driver with the Insured .....           | Spouse                                       |
| 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) .....                                                             | 0   |
| 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

REFER TO THE ATTACHED 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 ..... | GBJ2627C             |
| Vehicle Manufacturer .....        | Toyota               |
| Vehicle Model .....               | Dyna                 |
| Vehicle Variant .....             | -                    |
| Vehicle Colour .....              | -                    |
| Vehicle Category .....            | Commercial vehicle   |
| Name of Driver .....              | RAHMAN ANISUR        |
| Work Permit No .....              | GXXXX127L            |
| Contact Number .....              | (Phone) +65-92396455 |
| 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

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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 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.

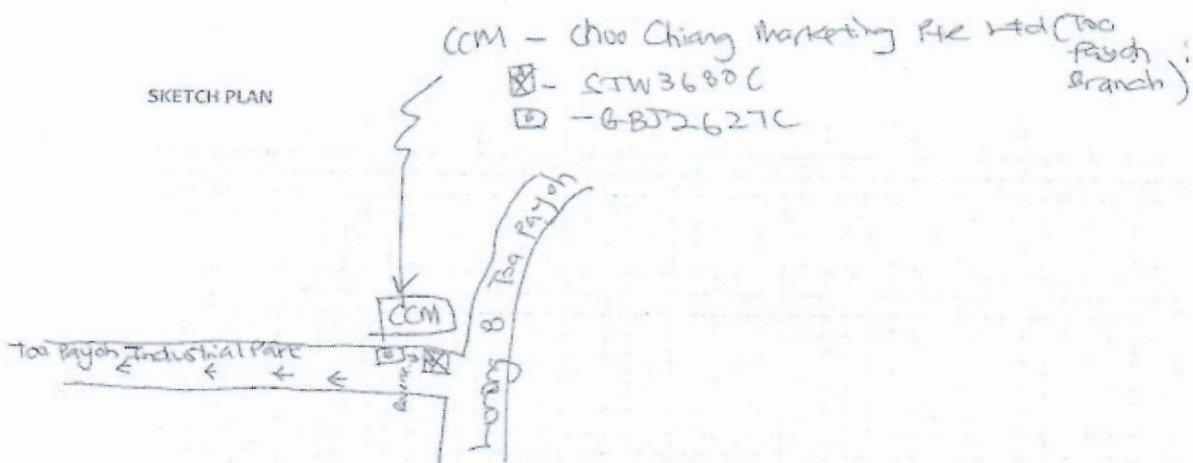
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 07/04/2021  
2.30pm

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked at 3 Too Payoh Industrial Park Road (CCM) to buy material on 07/04/2021 12.24pm. At that point of time, GBJ2627C was already parked in front of me with distance more than 3 meters.

While I am in the CCM shop, the staff informed me that GBJ2627C reversed and knocked my car. I went out and discovered my left hand <sup>front</sup> door and side mirror were damaged.

DECLARATION

I/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: 07/04/2021  
2.30pm

Reporting Centre Personnel's Signature  
Name: Winy Inn Ee  
NRIC/FIN No.: 948697872

