# ASSIGNMENT

From: Date:	Veh No: G 568079 K- Yr Regn: 2017 / Nov
Estimated Cost:	Type M.Carl M.Cycle / Bus Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Nissan XV200 c.c 1461
at Workshop m/s	Colour While . A/C: Insured / Std / NI / NA
of	Sp.Reading 1/49/0 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: VSICYBAM2020146620
Claims No.	Gen. Cond: Good PFair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 175/70RI4.
(Policy Condition)	R: 175/70R14.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Sincesa.
Bal, or Market Value:	Front / Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 03/05/21.
Lum Sum: % 3 Val.: Yes or No	Survey held at Polymath.
	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	The state of the s
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
17 M	
mv :	
PV:	
Nett:	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fe	e: : Site Insp (\$ )s+Rssi
2)	: Interview (\$ ) Fhotos
Proposé Esymes	: Tech. Invs (3 ) Others
Report Formet:	:Weet end (\$
Lump Sum / I.B.J: (3	TOTAL

SC0W214S0002 / CAR CITY AUTO CENTRE PTE LTD ENTRY DATE & TIME: 28/04/2021 12:20 (SGT) SUBMITTED BY: NEO GIM LI VERSION: 1 (28/04/2021 12:20 (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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information

Country/State of Loss

28/04/2021 12:20 (SGT) 27/04/2021 14:20 (SGT) PIE, Singapore ALONG PIE TOWARDS CHANGI AIRPORT Singapore

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBG8079K

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes **VERMINATOR PTE LTD** 2XXXXX883R SITI@VERMINATOR.SG (Phone) +65-85006464 (Office) +65-65556464

#### VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Nissan Nv200

**Employment** 

No - Claiming third party Goods vehicle Manual 1461

# INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive

DMCVSNA00075272000

# DRIVER

Name of Driver NRIC No

MOHAMED ALI BIN ABDUL SALAM SXXXX470Z



Date Of Birth Occupation Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number **Email Address** 

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

30/07/1971 Outdoor 07/10/1991

29 YEARS AND 6 MONTHS

Male

(Phone) +65-97123047

BEDOKALI535@GMAIL.COM

BLK 535 BEDOK NORTH STREET 3 #06-918

460535

No

Paid Driver

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Chain Collision Raining Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

3 No

No

Yes 1

No

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver Contact Number

Address

Address complement

SJY7113L

Honda

White Private car

DANNY

(Phone) +65-98186081

Accident report SC0W214S0002

Page 2 of 21

Postcode	_
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBK3838Z
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	
Vehicle Colour	White
Vehicle Category	Goods vehicle
Name of Driver	ERRIE
Contact Number	(Phone) +65-88411915
Address	
Address complement	-
Postcode	
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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.
- 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.
- 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 haurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Cary

Sketch Plan

A = 6186 8079K B = SJY 7H3L (C) 48K 3838 Z

ONI	umstances of	31 49	1/2500	127 -		. n		,	-
PIE -	OW/ARR DI	Change Constant	1308	-	A TOPY	1 50	10016	MEANIC	
FORMS	Arin A.	1 Charles	1 - 11	CLOK!	M 15	10100	518E	SK10	34
THEAT 8	done - del	COL	CAR	2/01	TED.	INCLU	DE N	18 3	100760
Cap 3	DE NEW D	AND .	1 2311	CEM	(V(I)	BANG	ME	Pull	My
110	1.5	7410	1 11	TA	CI	6	Ter fr	6017	or / B
110 C	ic VIAS	Therstor	EQ.	1/000	021005	2001	50		
					- V	-			
								-	
					-	-	-		
-					-				
-	-		-						
				-				-	
							7.20		
					-				
								-	
				-		-			
							-		
				-					
eclaration									
V- d- d- d- d- 5-									
	egoing particular	s are true in every	respect.					1	
							67	-	
8	9			1		, ,	(8)	1/	^
E 1 - 6 E D 10		11	1 -	10	081	04/31	100	507/	
TOBLOSH TO THE PARTY OF THE PAR			//			// -/		1	
UEOT CE		X Mot	(amed)	Hell.	- 1100	4.		- 1	
olicyholder's Signa	sture / Date &	Driver's Signatu	(amec)	is not the po	olicyholder)	/ Date	Witnessed	by Reporting	g Centre