

ASS. REC. BY: Steve CS3/ASM21005544/EUC

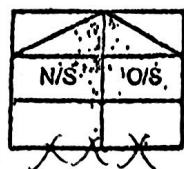
PRS

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: SLN 5281G  
at Workshop m/s: ASSURE AUTO  
of \_\_\_\_\_  
Insured: SHA 2344U  
Policy No. \_\_\_\_\_  
Claims No. S1M039K5  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

Veh No: SLN 5281G Yr Regn: 8/5/17  
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Toyota A1115 c.c. 1598  
Colour: Black A/C: Insured / Std / NI / N  
Sp. Reading: 148572 T/Radio: Insured / Std / NI / N  
Eng/No: \_\_\_\_\_  
C/No: MROS3 REH 104557649  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Modl: Nil / S/Rim / STD A/Rim or  
Tyre Size: F: 215/45R17  
R: \_\_\_\_\_

(Policy Condition)



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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Est. or Market Value: \$ 68K  
IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
SIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: 5 days Res.: Yes or No  
Turn Sum: \_\_\_\_\_ % 3 Val.: Yes or No

Front Rear  
R/Bal. 4 mm R/Bal. 4 mm  
L/Bal. 4 mm L/Bal. 4 mm  
D.O.A. 6/5/21 D.O.I. 6/5/21  
Survey held at Assure Auto

CA / REV / REP. / 24 HRS

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV- 68K</u> <u>repair range 3K-4K</u>
	<u>5 repair days</u>
<u>7/5/2021 @ 11.55am</u>	<u>Revised IA to Khor Saw Theng via Smart Claim.</u>
<u>7/5/2021</u>	<u>Submit PRS.</u>

File/Time, File, Poss to? ☐ : Prel. Report  
7/5 TYPIST ☐ : Final Report  
File/Time, File Return to?

Days Of Repair: 5  
Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:	
Transportation:	
\$ + RS \$1	
Provia	
Others	
TOTAL	

TP  
MOP SUM / L.P. / F

21560005 / SIN MING AUTOCARE BFG PTE LTD  
RY DATE & TIME: 06/05/2021 16:20 (SGT)  
MITTED BY: SMBFG  
RSION: 1 (06/05/2021 16:20 (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 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	06/05/2021 16:20 (SGT)
Date of Accident	06/05/2021 10:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	JURONG EAST TOWARDS PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN5281G

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED KHAIRUDIN BIN MOHAMED SAAT
NRIC No	SXXXX401G
Email Address	KHAIRUDINERA@GMAIL.COM
Mobile Phone No	(Phone) +65-91904887
Alternative Phone No	+65-91904887

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113054519-01
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMED KHAIRUDIN BIN MOHAMED SAAT
NRIC No	SXXXX401G

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

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

#### 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?

#### PASSENGER 1

Name  
Gender

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Was notice of intended Prosecution given?  
If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

10/07/1968  
Outdoor  
11/03/1987  
34 YEARS AND 2 MONTHS  
Male  
(Phone) +65-91904887  
+65-91904887  
KHAIRUDINERA@GMAIL.COM  
BLK 714 BEDOK RESERVIOR ROAD  
#04-3030  
470714  
Yes  
No

Collision - Head to Rear  
Clear  
Dry

No  
2  
No  
-  
Yes  
2  
No

UNKNOWN  
Female

No  
No  
-

Yes  
No  
No

#### DETAILS OF OTHER VEHICLE PROPERTY 11

Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant  
Vehicle Colour  
Vehicle Category

SHA2344U  
-  
-  
-  
-  
Taxi

THE W. J. A. MARK  
SXXXXA42C  
(Phone) +85-81600000

(Phone) +65 81699936

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SKETCH PLAN

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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.

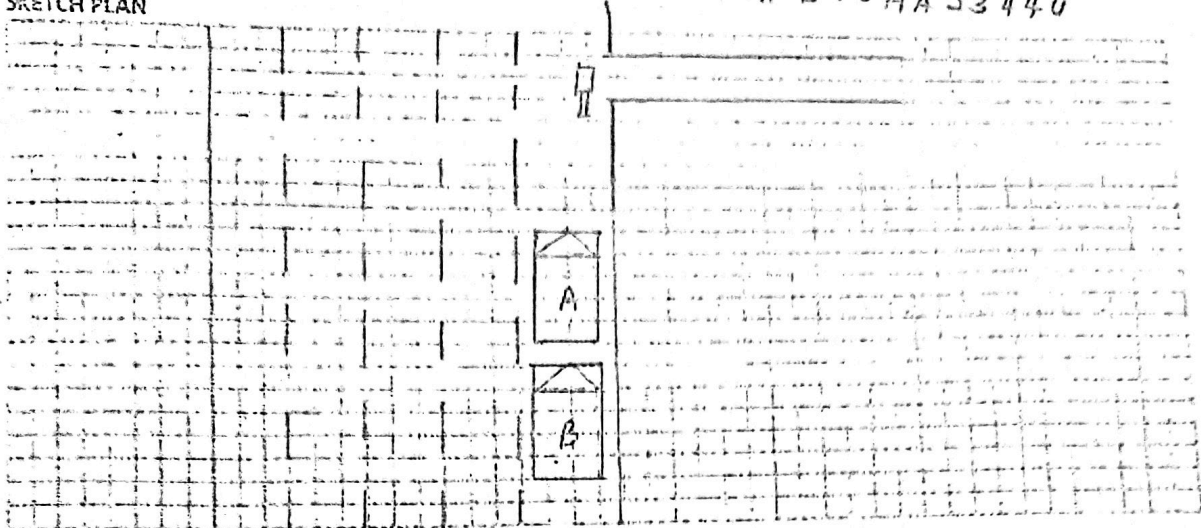
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

Veh A: SLN 50816  
Veh B: SHA 2344U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned time and date, the weather was clear, road surface was dry. I was travelling along Jurong East towards PIE. We were waiting for the traffic light to turn green at the most right lane. When the traffic light turned green, I was getting ready to move forward. Vehicle B collided my rear end vehicle.

DECLARATION

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

*[Signature]*  
Policyholder's Signature

Driver's Signature  
He/She is not the policyholder

Reporting Centre Personnel's Signature  
Name: