

CS3/ ~~CTI~~ 21006128/Gvc

ASS. REC. BY:

62
PRS

ASSIGNMENT

(-2024)

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Sm Hock Lee

of

Insured: GV 9904J

Policy No. DMCVSNW00005902106

Claims No. SNM21D202972/C02/GV9904J/TANCH

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:

\$19K

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

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:

SMH 5199B

Yr Regn:

03 Mar 2009

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

Truck / Trailer or

Make:

Toyota wish

C.C. 1794

Colour:

silver

A/C: Insured / Std / NI / NA

Sp. Reading:

387378

T/Radio: Insured / Std / NI / NA

Eng/No:

JTD ER RW 003002431

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 / Rim or

Tyre Size:

F: 195/65 R15

R: 11

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

TOYO / YOKO or

Front

6

mm

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

D.O.A. 21/5/21

D.O.I.

21-05-21

Survey held at

w/s

12pm

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

Rebate: 8781

\$4000 - \$5000

2/6/21

Submit PRS, repair range \$4,000-\$5,000

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 2/6/21-Typist

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Meal (\$

Survey Fee:

Transportation:

S + RS SI

Photos

Other:

TOTAL

Report Filled: PRS

Emp: Sam / U/C

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	24/05/2021 16:05 (SGT)
Date of Accident	21/05/2021 19:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Woodlands Street 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH5199G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHL MOTOR PTE. LTD.
Company Reg No	201611814M
Email Address	SHLMOTORPTLTD@GMAIL.COM
Mobile Phone No	(Phone) +65-62826184
Alternative Phone No	+65-62826184

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

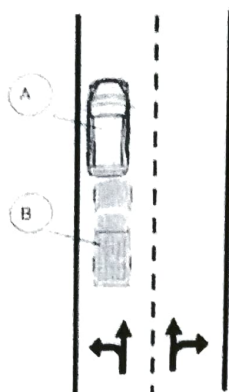
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5109792828-01-000032
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED MADZLAN BIN AHMAD SAID
NRIC No	S7045956F

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

SKETCH PLAN



Woodlands Street 12

Vehicle A: SMH5199G

Vehicle B: GV9904J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary by the side of the road. Suddenly, vehicle B hit into the rear of my vehicle A

Declaration

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



24 05 21 / 15:53

Policyholder's Signature / Date & Time

[Signature]

24 05 21 / 15:53

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

[Signature]

Witnessed by Reporting Centre Personnel

Police Case Number: 11111111

Report Date & Time: 16.08.2021 11:11

Report No: 111

Date: 16.08.2021
Time: 11:11 AM

Page No: 11111111 Reporting Page

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim 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 willful misrepresentation or withholding of material facts may affect your and/or company's repudiate police liability.
4. The value and description of the form is therefore important as it is evidence of policy liability on the part of the insurance company.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded to the insurers of the UK, Europe, Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that report of the report will be a fee be made available upon application by interested parties.
7. By the signature of the report to the insurers, who hereby consent to the archiving of the report at the centre and to report of the report being made available interested.
8. Consistent under the Personal Data Protection Act (PDPA).

I, the undersigned, hereby agree and confirm that:

- (a) I/We, the undersigned and the General Insurance Association of Singapore (GIA) hereby permitted to collect, use, disclose and/or process the personal data/information contained in this form and any other personal information provided by me or provided to me by the insurer, including the "Personal Information" and disclose and transfer such personal information to all insurers who have insured vehicles insured in this accident (all insurers who have insured vehicles insured in this accident shall be collectively referred to as the "Insurers"), the insurers' agents/law firms, the relevant authorities of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) investigating, handling and/or dealing with my claim, including the settlement of the claim and any necessary arrangements relating to the claim;
 - (ii) conducting the accident and/or the claim;
 - (iii) handling all and/or dealing with my information in accordance to my request by me;
 - (iv) administering my claim, including the handling of correspondence, statements, evidence, reports or notices to the relevant authorities and/or insurers and/or other persons who shall be acting as witnesses of the claim as well as the relevant records of investigation/claim handling, etc;
 - (v) handling and/or dealing with my information as an administrative, processing, handling and/or dealing with my claim, including the "Personal Information";
- (b) all insurers who have insured vehicles insured in this accident and the insurers' agents/law firms, hereby permitted to collect, use, disclose and/or process the personal data/information for use or more of the above purposes; and
- (c) my personal information supplied to me by the insurers and/or GIA to them shall only be used for purposes of administering their insurance business, which may be used as one of the insurers' law firms or agents of the insurers.
- (d) my personal information will only be collected and used to complete claims liability for the purpose of that liability, investigation and administration in respect of all relevant claims.
- (e) the insurers and/or GIA shall not use my information for any other purpose except for the purpose of administering, handling and/or dealing with my claim, including the "Personal Information" and/or processing my information as an administrative, processing, handling and/or dealing with my claim, including the "Personal Information".
- (f) my information shall only be used for the purpose of administering, handling and/or dealing with my claim, including the "Personal Information" and/or processing my information as an administrative, processing, handling and/or dealing with my claim, including the "Personal Information".
- (g) my information shall only be used for the purpose of administering, handling and/or dealing with my claim, including the "Personal Information" and/or processing my information as an administrative, processing, handling and/or dealing with my claim, including the "Personal Information".

Date (DD/MM/YY)
Signature (Name & Surname)
Name: [Signature]

Approved by Reporting Party (Signature)