

ASS. REC. BY:

Taufikh

REF:

CS/AIG 21006623/T19.83

## ASSIGNMENT

Co E 2023 Nov.

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.

6455449283SG

Sum Insured:

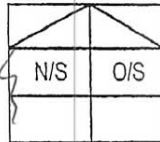
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$20K

IDAC Accident Rpt:

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:

Desmond

Veh No:

GBS 28765

Yr Regn:

2008, Nov

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

Truck / Trailer or

Make:

Nissan Cabstar

c.c

2953

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

317948

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JN/SC 2F24 20800670

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/R15

R:

165/R13

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

6

mm

R/Bal.

6/6

mm

L/Bal.

6

mm

L/Bal.

6/6

mm

D.O.A.

D.O.I.

16/6/21 @ 1pm

Survey held at

3B Auto

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

\* w/s will pass estimate

Taufikh finalised LS \$1900, 4 days (Red \$1531, 45%)

Date/Time, File Pass to?

☐

Preli. Report

1) 22/09 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Rep. Format:

MER-TP

Lump Sum 1900



# 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              | 09/06/2021 12:36 (SGT)                         |
| Date of Accident                | 08/06/2021 18:20 (SGT)                         |
| Exact Location of Accident      | Singapore                                      |
| Additional Location Information | ROUNDBOUT TUAS ROAD / TUAS FLYOVER (TOLL ROAD) |
| Country/State of Loss           | Singapore                                      |

## DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GBB2876S                |
| INSURED/POLICYHOLDER        |                         |
| Is company?                 | Yes                     |
| Name Of Registered Owner    | 3B EXPRESS AUTO PTE LTD |
| Company Reg No              | 201538563H              |
| Email Address               | 3BEXPRESSAUTO@GMAIL.COM |
| Mobile Phone No             | (Phone) +65-97698339    |
| Alternative Phone No        | (Office) +65-63416453   |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Nissan                    |
| Model  | Cabstar                   |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Employment                |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Commercial vehicle        |
| Transmission   | Manual                    |
| CC   | 1590                      |

### INSURANCE COMPANY

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | ThirdParty                             |
| Fleet Policy              | No                                     |
| Policy Number             | 5120830421                             |
| Cover Note Number         | 29/01/2021 - 28/01/2022                |

### DRIVER

|  |  |
|--|--|
| Date Of Birth  | 01/01/1992                               |
| Occupation   | Outdoor                                  |
| Date Of Driving Pass   | 28/04/2017                               |
| Driving experience   | 4 YEARS AND 2 MONTHS                     |
| Gender   | Male                                     |
| Mobile Number  | (Phone) +65-89059785                     |
| Alt. Phone Number  | -  |
| Email Address  | 3BEXPRESSAUTO@GMAIL.COM                  |
| Address  | 25 KAKI BUKIT ROAD 4 #06-77 SYNERGY @ KB |
| Address complement   | -  |
| Postcode   | 417800                                   |
| Is the driver the policyholder?                              | No                                       |
| If No, Relationship of the Driver with the Insured           | Hirer                                    |
| 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 - Roundabout |
| Weather Conditions | Clear                  |
| Road Surface       | Dry                    |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 1   |
| 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

#### REFER TO 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 | YP3870E              |
| Vehicle Manufacturer        | -                    |
| Vehicle Model               | -                    |
| Vehicle Variant             | -                    |
| Vehicle Colour              | -                    |
| Vehicle Category            | Commercial vehicle   |
| Name of Driver              | DELOWAR              |
| Passport No/FIN             | G6694718T            |
| Contact Number              | (Phone) +65 81058604 |

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



INCOME MOTOR SERVICE CENTRE

Report No: MT \_\_\_\_\_

D.O.A: 09/06/2021

Time: 00:01 hrs

Report Date &amp; Start Time: 09/06/2021 12:20

Vehicle No: GBB2876S Reporting Type: \_\_\_\_\_

**SKETCH PLAN****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 willful 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.



09/06/21 / 12:20

Policyholder's Signature / Date &amp; Time

09/06/21 / 12:20  
Driver's Signature (If driver is not the policyholder) / Date & Time

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre  
Witnessed by Reporting Centre Personnel

SKETCH PLAN

|   |                    |
|---|--------------------|
|   |                    |
| Vehicle A: GBB2876S   | Vehicle B: YP3870E |
| <div style="border: 1px solid black; padding: 2px; text-align: center;">             ROUNDABOUT TUAS ROAD / TUAS FLYOVER (TOLL ROAD)           </div> |                    |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident involving GBB2876S and YP3870E on 08 June 2021 around 6.20pm at/along Tuas road /Tuas flyover <sup>Toll</sup> (left road).

I drive the vehicle GBB2876S to follow the traffic to go inside the round about. I was in the right 1st lane below the Tuas flyover round about. Suddenly the vehicle YP3870E on the left lane start to lane change to the right and hit my left rear side while I was keeping my vehicle in my lane. But the driver of YP3870E does no check the blink spot and to make sure traffic clear for right turning.

ISLAM RABIUL  
G2412621N

Declaration

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



09/06/21 / 12:20

Policeholder's Signature / Date & Time

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

09/06/21 / 12:20

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Representative (Centro Personnel)

A-GBB2876S

B-YP3870E

↑  
Tuos Rd

↑ ↓

Tuos Rd  
↓



Tuos Flyover (Toll road)



↑ ↓