

ASS. REC. BY:

Steve

CS/CTI 21006637 / ETC

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/a

of

Insured:

Policy No.

Claims No.

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:

IDAC Accident Report: Consistent? : Yes or No

SIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

QA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

YM2063R

Yr Regn:

29/12/05

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

Truck / Trailer or

Make:

Mitsubishi FM 657MSRDEC c.c. 7545

Colour:

White

A/C: Insured / Std / Nil / N

Sp. Reading

637508

T/Radio: Insured / Std / Nil / N

Eng/No:

C/No:

FM 657MSR: 10014

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

295/80R22.5

R:

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

TOYO / YOKO or

HILLO

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

3/6/21

D.O.A.

14/6/21

Survey held at

Big Foot

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

FRM

The U/C / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

Waty Estimate

Confirm lump sum \$5750, 4days

RED:9033.26:61%

Date/Time, File, Ross to?



: Prel. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech. Inve (\$

: Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Fees:

Others:

TOTAL

Approved:

Date/Time, File, Ross to?

SB0J21640002-01 / Big-Foot Engineering Pte Ltd  
ENTRY DATE & TIME: 04/06/2021 16:28 (SGT)  
SUBMITTED BY: Roslee Bin Puasa  
VERSION: 2 (11/06/2021 13:39 (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 Authorized 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. 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 04/06/2021 16:28 (SGT)  
Date of Accident 03/06/2021 06:45 (SGT)  
Exact Location of Accident 88 Tagore Ln, Singapore 787530  
Additional Location Information -  
Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number YM2063R

#### INSURED/POLICYHOLDER

Is company? Yes  
Name Of Registered Owner Big-Foot Logistic Pte Ltd  
Company Reg No 1XXXXX061H  
Email Address roslee@bigfoot.com  
Mobile Phone No (Phone) +65-97481150  
Alternative Phone No (Office) +65-63244722

#### VEHICLE PARTICULARS

Manufacturer Mitsubishi  
Model Fe83peorsdea  
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 2977

#### INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd  
Type of Coverage ThirdParty  
Fleet Policy No  
Policy Number D20MFL0005664  
Cover Note Number -

#### DRIVER

Name of Driver Li Yong  
Work Permit No GXXXX593K

Date Of Birth	16/03/1981
Occupation	Outdoor
Date Of Driving Pass	10/11/2020
Driving experience	7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84232208
Alt. Phone Number	-
Email Address	roslee@bigfoot.com.sg
Address	9G Yuan Ching Road #14-70
Address complement	-
Postcode	618649
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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)	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

On 03/06/2021 @ 0645hrs, I signal to turn right into Tagore Lane, When I confirmed it's safe to do so and moved, suddenly 3rd party vehicle number GBG4188E overtake and drive fast from my right.

He (3rd party) overtake dangerously using the opposite flow of the traffic lane, due to that, he hit and brush the front right portion of the vehicle.

Nobody were injured during this incident.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	the file too big
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	GBG4188E
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-

File Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

On 3/6/2021 at 06:45hrs, I signed to turn right along  
 Figure line.  
 When I confirmed its safe to turn right, and about to  
 move, suddenly 2nd party vehicle AR64188E awake and drive  
 left from the my right.  
 He (2nd party) awake using opposite flow lane and due  
 to that, he hit and brush my front right vehicle.  
 Nobody injury during this incident.

x LI YONG

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
 Time

x LI YONG

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

*[Signature]*

Witnessed by Reporting Centre  
 Personnel

## 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 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 insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firms/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' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

*X L1 YONG*  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*  
Witnessed by Reporting Centre Personnel

### Sketch Plan

