

ASS. REC. BY: ADRIAN

REF: CS/SMR21007320/Auf3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP ☐ WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **SKZ 792E**
 at Workshop m/s **New Hock Teck Motor**
 of _____
 Insured: **SMB 1314Z**
 Policy No. _____
 Claims No. **BUS/07/21/7001**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: **6** days Res.: Yes or No
 Lum Sum: **20** % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SKZ 792E** Yr Regn: **2016 / Jan.**
 Type: ☒ M.Car / ☐ M.Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
 Truck / Trailer or _____
 Make: **Toyota Harrier** c.c **1986**
 Colour: **White** A/C: **Insured / Std / NI / NA**
 Sp.Reading: **86220** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **ZSU600065708**
 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: **235/55R18**
 R: **235/55R18**
 BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **06/07/21**
 Survey held at **KANHT.**
 Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop** or
Front N/S.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP SMRT.
	Confirmed final fig L/S \$7300, 6 repair days.
	(RED \$5963.05; 45%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to? ☐ : Preli. Report

1) **17/8 TYPIST** ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **6**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

3 + PS. SI

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format: **TP**

Lump Sum / **\$7300**

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	05/07/2021 13:30 (SGT)
Date of Accident	04/07/2021 16:07 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG 1 GEYLANG TOWARDS SIMS AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ792E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEO KIW SENG
NRIC No	SXXXX355E
Email Address	JASVY@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-93801989
Alternative Phone No	+65-93801989

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1986

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000143967-01
Cover Note Number	-

DRIVER

Name of Driver	NEO KIW SENG
NRIC No	SXXXX355E

Date Of Birth	09/03/1962
Occupation	Outdoor
Date Of Driving Pass	21/09/1982
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93801989
Alt. Phone Number	+65-93801989
Email Address	JASVY@SINGNET.COM.SG
Address	APT BLOCK 60 DAKOTA CRESCENT #12-213
Address complement	-
Postcode	390060
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Change/cross lane
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TOH CHWEE
Gender	Female

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

PLEASE REFER ATTACHED

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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1314Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NEO KIOW SENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKZ792E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	TOH CHWEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKZ792E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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' 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

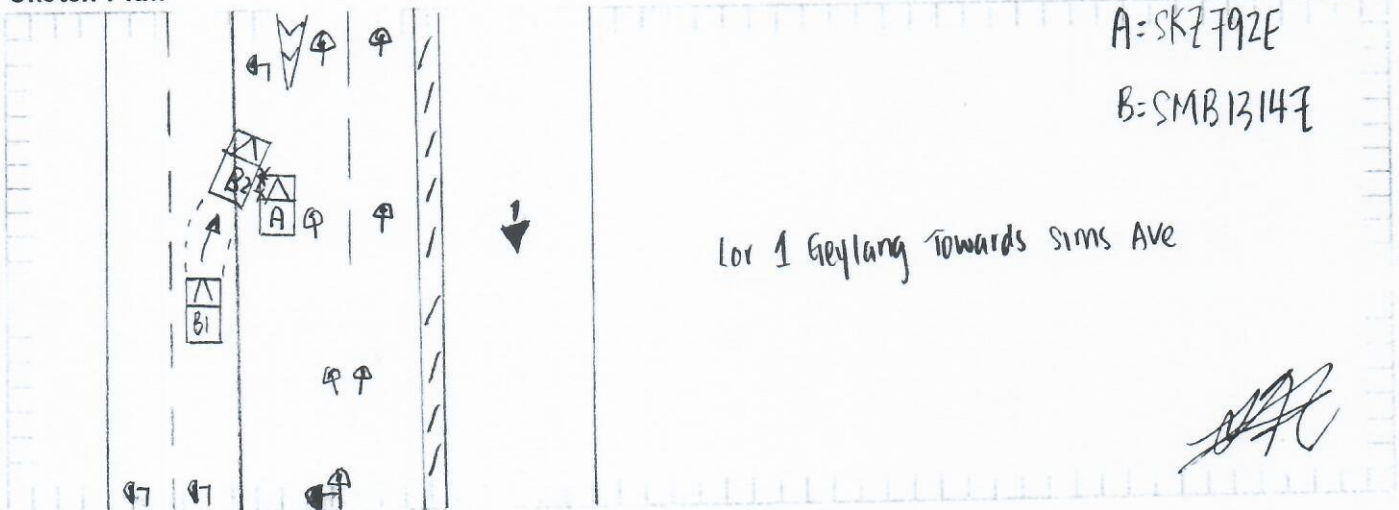
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving straight along Lor 1 Geylang towards Sims Ave at the 2nd lane of 4 lanes.

Suddenly, I felt an impact from my left side. Veh "B" which was at 3rd lane (ONLY left turn lane) with very fast speed and encroached into my lane and collided into the front LH portion of my vehicle and caused damage.



Declaration

We declare the foregoing particulars are true in every respect.

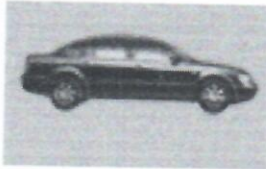


Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel



PEOPLES AUTO TRADING
BLK 3007 UBI ROAD 1 #01-400
TEL 6741 4646



COMPUTERIZED ALIGNMENT SPECIALISTS

CUSTOMER	NEW HOCK TECK	DATE	Jul 5, 2021 4:01:23 PM
FIRST NAME			
LICENSE NO.	SKZ 792 E		
MILEAGE	86216		
MAKE	CUSTOM	MODEL	TOYOTA HARRIER (SU60)
NOTES			

Front Wheel	SPECS				DIAGNOSIS				ADJUSTMEN			
	min	prv	max	Δ	L	total	R	Δ	L	total	R	Δ
TOTAL TOE	-1.00	0.00	1.00			9.00				9.10		
PARTIAL TOE	-0.50	0.00	0.50		3.80		5.10		8.70		0.40	
SET BACK	---	---	---			0°16"				0°16"		
CAMBER	-0°44"	0°00"	0°44"		-1°24"		-0°34" 0°50"		-1°26"		-0°30" 0°54"	
CASTER	4°24"	5°24"	6°24"		5°20"		5°40" 0°18"		5°20"		5°40" 0°18"	
KING-PIN	---	---	---		10°58"		10°52" 0°06"		10°58"		10°52" 0°06"	
INCL.ANGLE	---	---	---		9°32"		10°16"		9°32"		10°20"	
Toe-out on turns	---	---	---		---		---		---		---	
STEERING IN	---	---	---		---		---		---		---	
STEERING OUT	---	---	---		---		---		---		---	

Rear Wheel	SPECS				DIAGNOSIS				ADJUSTMEN			
	min	prv	max	Δ	L	total	R	Δ	L	total	R	Δ
TOTAL TOE	0.00	2.10	4.20			1.70				1.70		
PARTIAL TOE	0.00	1.00	2.10		1.90		-0.10		1.90		-0.10	
SET BACK	---	---	---			0°08"				0°08"		
CAMBER	-1°44"	-1°00"	-0°14"		-1°04"		-1°18" 0°12"		-1°04"		-1°18" 0°12"	
THRUST ANGLE	-0°08"	0.00	0°08"			0°10"				0°10"		