

ASSIGNMENT

Front: \_\_\_\_\_ 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. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

N/S	O/S

(Policy Condition)  
 Remark: The veh had commenced its  
 repair at the time of inspection.

Est. or Market Value: \_\_\_\_\_  
 OAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SLX8542G Yr Regn: 2018 April  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Honda Shuttle Hybrid cc 1496  
 Colour: White A/C: Insured / Std / Nil / NA  
 Sp. Reading: 66406 T/Ratio: Insured / Std / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: GP71208335  
 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: 195/50R16  
 R: 195/50R16  
 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. 21/07/21  
 Survey held at JEC  
 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 EQ

MV : lump sum \$9400, 8days  
 PV : (red: 7834.80; 45%)  
 Nett: \_\_\_\_\_

Date/Time, File Path to?

☐ : Preli. Report  
☐ : Final Report

Days Of Repair: 8

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Path to?

Add Fee: ☐ : Site Insp (\$)  
☐ : Interview (\$)  
☐ : Tech. Insp (\$)  
☐ : Workshop (\$)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Date/Time, File Path to?

Date/Time, File Path to?

Date/Time, File Path to?



## 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	19/07/2021 18:31 (SGT)
Date of Accident	18/07/2021 09:25 (SGT)
Exact Location of Accident	E Coast Park Service Rd, East Coast Park, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX8542G
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DAVID YEW CHUAN ZHU
NRIC No	SXXXX858I
Email Address	DAVIDYEW@LIANMINMIN.COM
Mobile Phone No	(Phone) +65-96343068
Alternative Phone No	(Home) +65-96343068

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 car
Transmission	Auto
CC	0

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	C0118546
Cover Note Number	-

#### DRIVER

Name of Driver	HENG KIA GAN
NRIC No	SXXXX486C



Date Of Birth	07/06/1969
Occupation	Indoor
Date Of Driving Pass	25/06/1993
Driving experience	28 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96343068
Alt. Phone Number	-
Email Address	DAVIDYEW@LIANMINMIN.COM
Address	APT BLK 230 PASIR RIS ST 21 #07-42
Address complement	-
Postcode	510230
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	Collision - Head on collision
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 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	CHYE BEE SIEW
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

#### REFER TO ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK5017M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle 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)

*[Handwritten signature]*



*[Handwritten text, possibly a date or reference number]*

*[Handwritten text]*

*[Handwritten text]*

*[Handwritten text]*

*[Handwritten text]*

*[Handwritten text]*

*[Handwritten text]*

*[Handwritten text]*

*[Handwritten text]*

*[Handwritten text]*

*[Handwritten text]*

*[Handwritten text]*

*[Handwritten text]*

*[Handwritten text]*

*[Handwritten text]*



**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 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. 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.

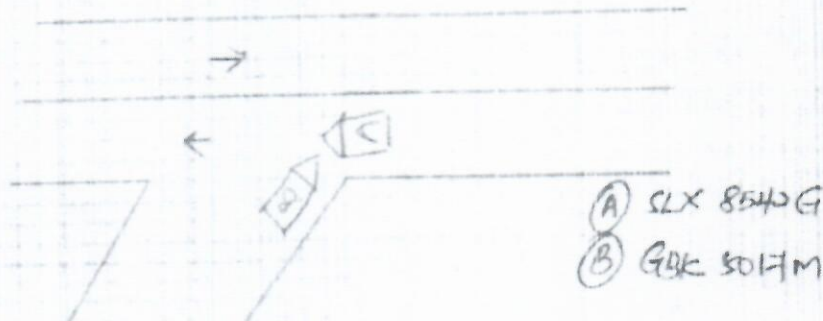
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Sunday Morning 18/7/2021 about 9.25am I was driving my Car SLX 8542G travelling along East Coast Service Rd from Carpark C1 towards East Coast Macdonald direction, when I come across the Slip Rd from Marine Parade Shovel a Van number plate GOK 5017M suddenly turned out from the Slip Rd on my left and I stopped my car and press my horns but the Van just turn into my lane and hit very hard on my left side of my car before it come to a stop. My speed was at about 70km/h during the time of accident.

DECLARATION

I declare the foregoing particulars are true to my knowledge.

*[Signature]*  
Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*  
Reporting Can be Person's Signature  
Name:  
Date & Time: