

ASS. REC. BY:

REF: SMO / 21007899/Kg f3

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MY
 To Inspect Vehicle No: _____
 at Workshop m/s Team Auto
 of _____
 Insured: _____
 Policy No. _____
 Claims No. CMTD2102204/MYE
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SCIF 3137X Yr Regn: 08.16
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toyota c.c. 1598
 Colour: M. Black AC: Insured / Std / NI / NA
 Sp. Reading: 98570 T/Radio: Insured / Std / NI / NA
 Eng No: _____
 C/No: MRO53REH104346079
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____

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

N/S	O/S

Tyre Size: F: 205/55R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Continental
 Front Rear
 R/Bal. 9 mm R/Bal. 9 mm
 L/Bal. 9 mm L/Bal. 9 mm
 D.O.A. 23/7/21 D.O.I. 26/7/2021
 Survey held at _____

Bal. or Market Value: 85K
 IDAC Accident Rport: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 05 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REB / 24 HRS
 Date: 08/06 Person Contacted: _____ Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 FRT O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	PRS
	EM repair con 86-7.5k
27/07/21	Submit PRS.

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) 27/07 Typist
 Date/Time, File Return to?

Days Of Repair: 5
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Survey Fee:

Transportation:	
S + RS	\$
Fuel	
Others	
TOTAL	

Report Format : PRS
 Lump Sum / I.B.I: (\$)

SINGAPORE ACCIDENT STATEMENT**BASIC INFORMATION**

Date of Accident:	23/07/2021	Time of Accident:	16:15
Exact Location:	Carpark of Blk 7 Hougang Avenue 3		

DETAILS OF OWN VEHICLE

Vehicle Registration No.	SLF 3137 X	NRIC / FIN / Passport no:	S 8212967 G
Name of Registered Owner:	Chan Ching Hao, Benjamin Bill		
Owner's Email:	ben82_wasabi@hotmail.com		
Owner's Address:	30 Jalan Pacheli Singapore 557369		
Vehicle Make:	Toyota	Vehicle Model:	Altis
Engine Capacity (cc):	1598 cc	Transmission:	<input checked="" type="radio"/> Auto / <input type="radio"/> Manual
Type of Claim:	Own Damage / <input checked="" type="radio"/> Third Party / Reporting Only		
Vehicle Category:	<input checked="" type="radio"/> Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	MSIG		
Type of Policy:	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	B 300342751 QMX		

DRIVER

Name of Driver:	Chan Ching Hao, Benjamin Bill		<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S 8212967 G	Date of Birth:	28/04/982	
Occupation:	<input checked="" type="radio"/> Indoor / <input type="radio"/> Outdoor	Driving Pass Date:	08/09/2005	
Contact Number:	9062 6123	Gender:	<input checked="" type="radio"/> Male / <input type="radio"/> Female	
Address:	30 Jalan Pacheli Singapore 557369			
Relationship with Owner:	<input checked="" type="radio"/> Owner / Employee / Spouse / Child / Hirer / Other:			

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision:	Chain collision / Side Swipe / Front to Rear / <input checked="" type="radio"/> Others: Side to front (parked vehicle)		
Weather Condition:	<input checked="" type="radio"/> Clear / Raining / Others:		
Road Surface:	<input checked="" type="radio"/> Dry / <input type="radio"/> Wet / Others:		
Was anybody injured?	Yes / <input checked="" type="radio"/> No	Police Report Made?	Yes / <input checked="" type="radio"/> No
No. of passenger onboard (including driver):	0 (Parked Vehicle)		

DETAILS OF OTHER VEHICLE

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SLL 8469 Z		
Vehicle Make / Model:			
Name of Driver:	Yeo Wee Ngiap		
NRIC / FIN / Passport no:	S 7628114 I		
Contact Number:	9125 5727		
Name of Insurance Co:			

DETAILS OF WITNESS

Name:		Contact Info:	
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DETAILS OF INJURED PERSON

	Person 1	Person 2	Person 3
Name / In which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver

Date and time

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' 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

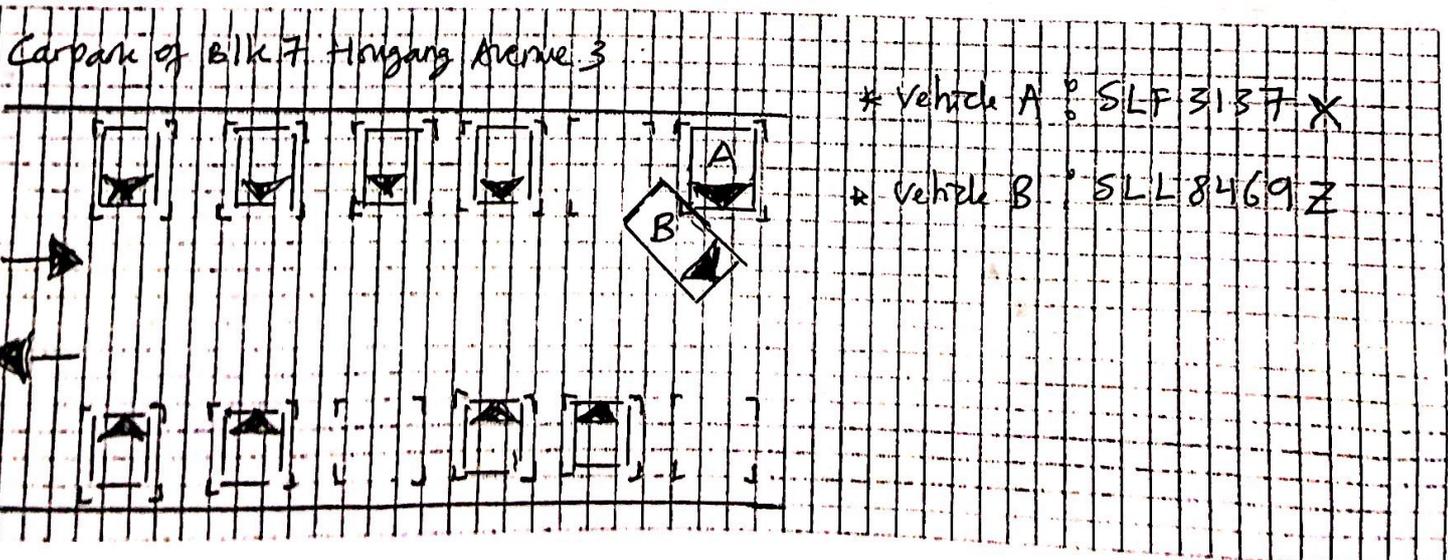
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


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

 Witnessed by Reporting Centre Personnel

Sketch Plan



Circumstances of the Accident

At the stated date and time, my vehicle was parked stationary at the park of Blok 7 Hujung Avenue 3. About 5 minutes later, I received a phone call from a stranger, claiming that his vehicle had collided with my parked vehicle while trying to move out from the parking lot. He got my number from my namecard which is displayed on my windscreen. I then rushed to the accident scene, exchanged my particulars with the driver and took some pictures as well as his driving licence.

Declaration

We declare the foregoing particulars are true in every respect.

