

# ASSIGNMENT

Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / QD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop in/ \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claim No. \_\_\_\_\_  
 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.

Total or Method of Value: \_\_\_\_\_  
 Police Accident Report: \_\_\_\_\_ Consistent? : Yes or No  
 IA / PR Sect: \_\_\_\_\_ Consistent? : Yes or No  
 Repairs: \_\_\_\_\_ days Res.: Yes or No  
 Loss Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle: IN / OUT

Veh No: SGP733B Yr: 2020 Rec  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Mercedes Benz GLB200 1332  
 Colour: Black A/C: Insured / Not Insured / NA  
 Sp. Reading: 15829 T/R: Insured / Not Insured / NA  
 Eng/No: \_\_\_\_\_  
 C/No: WIN2476872W017768  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt  
 Brake: In order / Jammed / Leaked / Burnt  
 Modi: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 235/50R19  
 R: 235/50R19

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / GUTSU / 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. 23/07/21

Survey held at Advance  
 Des. of Damages: Frnt / Rear / O/S / N/S / LBC / Rooftop

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

Date / Time Action / Instruction

TP EQ.

MV :  
 PV :  
 Nett :

Submitting the Report? ☐ : Preli. Report  
☐ : Final Report  
 Date/Time File Return to?

Days Of Repair: \_\_\_\_\_

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

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

Surfer Feet:  
 Trans. Station:

# 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  
Date of Accident  
Exact Location of Accident  
Additional Location Information  
Country/State of Loss

23/07/2021 15:24 (SGT)  
22/07/2021 19:00 (SGT)  
PIE, Singapore  
TOWARDS TUAS AFTER ENG NEO EXIT  
Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGP7333B

### INSURED/POLICYHOLDER

Is company?  
Name Of Registered Owner  
NRIC No  
Email Address  
Mobile Phone No  
Alternative Phone No

No  
CHEE KA YENG  
SXXXX107Z  
CHRIS\_TAN83@HOTMAIL.COM  
(Phone) +65-93628890  
+65-93628890

### VEHICLE PARTICULARS

Manufacturer  
Model  
Variant  
Exact purpose for which vehicle was being used at time of accident  
Are you claiming under your own insurance policy for repair to your vehicle?  
Vehicle Category  
Transmission  
CC

Mercedes  
GLB200

Private use

No - Claiming third party  
Private car  
Auto  
2000

### INSURANCE COMPANY

Name of Insurance Company  
Type of Coverage  
Fleet Policy  
Policy Number  
Cover Note Number

Liberty Insurance Pte Ltd  
Comprehensive  
No  
SI20V15793/VPE/R00

### DRIVER

Name of Driver  
NRIC No

CHEE KA YENG  
SXXXX107Z



Date Of Birth	12/05/1976
Occupation	Indoor
Date Of Driving Pass	11/09/1998
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93628890
Alt. Phone Number	+65-93628890
Email Address	CHRIS_TAN83@HOTMAIL.COM
Address	13 FERNVALE LANE #01/08
Address complement	-
Postcode	797496
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	Chain 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	3
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)	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 STATEMENT

#### ATTACHMENT(3)

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	SJM5362K
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)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMU3909U  
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)



# **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 false representation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurers means acceptance 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 Insurance Claims Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will be made available upon application by interested parties.
7. By the lodgement of this report to the relevant authority concerned, the lodgement of this report at the centre and to copies of the report being made available to interested parties.

## **d. 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 be permitted to collect, use, disclose and/or process my personal data/personal information submitted in this Form and any other personal information provided by me or possessed by my insurer, collectively the "Personal Information", and disclose and transmit such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident and insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers". The Insurers, law enforcement agencies, the Monetary Authority of Singapore and any relevant government agency authority, such as the police, for the corporate purposes of the Insurers and any necessary investigations relating to the claims.
- (b) processing, handling and/or dealing with my claims, including the settlement of the claims and any necessary investigations relating to the claims.
- (c) investigating the accident and/or my claim.
- (d) carrying out and/or dealing with my insurance policy, including, among others, any provision by me.
- (e) administering my claims, including the making of claims for the settlement of the claims and/or notices to me which could involve disclosure of certain personal data and information, including details of the accident, which may be disclosed to external cover of, and/or to, third parties, and/or
- (f) complying with requests to provide information, including details of the accident, which may be disclosed to external cover of, and/or to, third parties, and/or
- (g) collectively, the "Purposes".
- (h) all insurer(s) who have insured vehicle(s) involved in this accident and insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers". The Insurers, law enforcement agencies, the Monetary Authority of Singapore and any relevant government agency authority, such as the police, for the corporate purposes of the Insurers and any necessary investigations relating to the claims.
- (i) my Personal Information may be disclosed by any of the Insurers, law enforcement agencies, the Monetary Authority of Singapore and any relevant government agency authority, such as the police, for the corporate purposes of the Insurers and any necessary investigations relating to the claims.
- (j) my Personal Information may be disclosed by any of the Insurers, law enforcement agencies, the Monetary Authority of Singapore and any relevant government agency authority, such as the police, for the corporate purposes of the Insurers and any necessary investigations relating to the claims.

Policyholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

Insurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Witnessed by Reporting Centre  
Signature: \_\_\_\_\_

Sketch Plan

PIE Towards Towards Eng Neo

15  
C  
A  
B

↑ ↑ ↑ ↑

C Smu3909U

A SGP7333B

B SJMS362K

Describe Circumstances of the Accident


On the stated date and time, I was driving along the P.E.  
towards this direction when the front <sup>car</sup> slowed down.  
I then slowed down gradually as well.  
Suddenly, I felt a huge impact from the rear and the  
impact pushed my car toward to hit the front vehicle.  
I then got down and realized that I was involved in  
a 3-car chain collision.

Declaration

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

  
Policyholder's Signature Date 3/3/21 (20)  
Time

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

  
Witnessed by Riding Centre  
Participant