

ASS. REC. BY:

Steer

CS3/GRB21007956/E+13

ASSIGNMENT

From:

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:

(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

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLK 6312K

Yr Regn:

23/11/17

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

Truck / Tractor or

Make:

Toyota Steria

c.c.

1496

Colour:

white

A/C:

Insured / Std / NI / N

Sp. Reading

92987

T/Radio:

Insured / Std / NI / N

Eng/No:

C/No:

NISP1707924423

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

Mod: Nil / S/Rm / STD A/Rm or

Tyre Size:

P:

185/55R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

26/7/21

D.O.A.

27/7/21

Survey held at

FIX Auto

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MK-61K

Repair time 3K-4K

5 hr. dys

SUBMIT PRS REPORT

Date/Time, File, Pass to:



: Prel. Report



: Final Report

Date/Time, File Return to:

Days Of Repair:

Resurvey No. of Trips:

Survey Fee:

Transportation:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: Wash and (\$

S + RS, SI

Fees

Others

TOTAL

Remarks:

WIP Sum / 1.3.1.75



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 GfA 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.

Date of Submission 26/07/2021 14:32 (SGT)
Date of Accident 26/07/2021 08:35 (SGT)
Exact Location of Accident Near 15 Tukang Innovation Grove, Singapore 618299
Additional Location Information Jln Ahmad Ibrahim slip road into AYE towards City
Country/State of Loss Singapore

Vehicle Registration Number SLK6312K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Lim Hong Nee
NRIC No SXXXX790Z
Email Address hong_nee@yahoo.com
Mobile Phone No (Phone) +65-91839785
Alternative Phone No +65-91839785

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1498

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070170726
Cover Note Number 23/01/2021-22/01/2022

DRIVER

Name of Driver Lim Hong Nee
NRIC No SXXXX790Z



Date Of Birth 23/07/1976
 Occupation Indoor
 Date Of Driving Pass 18/03/1999
 Driving experience 22 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-91839785
 Alt. Phone Number +65-91839785
 Email Address hong_nee@yahoo.com
 Address Blk 453 Bukit Batok West Ave 6 #03-773
 Address complement
 Postcode 652453
 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 - Head to Rear
 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 Roslina Bte Rusli
 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

Kindly refer to the sketch plan

ATTACHMENT(S)

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

Vehicle Registration Number SLL8219D
 Vehicle Manufacturer Honda
 Vehicle Model Vezel
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car

Name of Driver	Ng Joke Keong
NRIC No	SXXXX191C
Contact Number	(Phone) +65-97511763
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	Lim Hong Nee
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Medical Leave 2 Days
Injured person in which vehicle?	SLK6312K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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.
- (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.

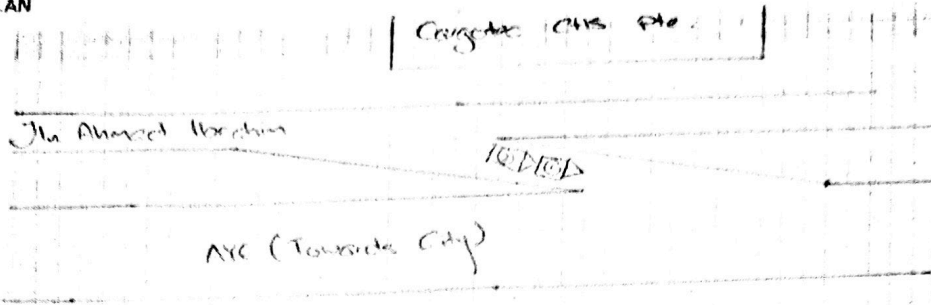
Policyholder's Signature
Date & Time: 24/7/2021 @ 15:00h

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

Reporting Centre Person's Signature
Name: R. Anand
NRIC/PIN No.:

SKETCH PLAN #2

SKETCH PLAN



- ① SLR 630E
- ② SLR 8319D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/7/2021 at 12:30pm, I am the owner of vehicle SLR 630E (Toyota Sienta) driving along Jln Ahmad Ibrahim stop road into AYC (nearest building Cargate CIB No.). My vehicle is in stationary position behind a lorry.


Suddenly, a vehicle SLR 8319D (Honda Venz) hit on to my vehicle from the rear. I suffered sprained right wrist and seek medical treatment at Rothkell Medical Group & Chut Brake with 2 days MC after the accident. Myself was conveyed to hospital during the point of accident.


My vehicle was badly damaged as I unable to open my car boot.

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	Reporting Only
	Claim OD
	Claim TP
	<input checked="" type="checkbox"/> Claim TP (at other workshop)

DECLARATION

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


 Policyholder's Signature
 Date & Time: 26/7/2021 @ 12:30pm
 (if driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature
 Name: Rafehudeen Anas
 ARCC/IN No.: