

ASS. REC. BY:

REF:

CTZ/21008348/Kr

Kenneth

## 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:

04

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:

SCN 79225

Yr Regn:

12, 19

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

Truck / Trailer or

(A)

Wagon

Make:

Toy

Voxy

c.c

1797

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

123640

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

EWR 80. 0389583

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / SRim / STD A/Rim or

Tyre Size:

F:

R:

225/50ZR17

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

TOYO / YOKO or

Habilead

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

6/8/21

D.O.I.

11/8/2021

Survey held at

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

O/S Frt

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

Date / Time

Action / Instruction

1

Est not ready

LUMP SUM \$4000. 4DAYS  
RED:9649;70%

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S. RS. SI

F. RS.

Others

TOTAL

Report Format:

Lump Sum / I.B.I: (\$

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$



Work Order: R046348  
VIN: SCN7922J  
Year: 17  
Date: 11.8.21 7:16



SCN7922J

Factory Japan 2021.0.1 : Toyota : Noah / Voxy : R80 Series : ZWR80G

Front : Left

Actual	Before	Specified Range
0°00'	0°00'	-0°50' 0°40'
6°27'	6°27'	2°40' 4°10'
-0°21'	-0°21'	-0°03' 0°08'
13°07'	13°07'	
13°07'	13°07'	

Camber  
Caster  
Toe  
SAI  
Included Angle  
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-2°10'	-2°10'	-0°50' 0°40'
6°31'	6°31'	2°40' 4°10'
-0°39'	-0°39'	-0°03' 0°08'
15°35'	15°34'	
13°25'	13°25'	

Front

Cross Camber  
Cross Caster  
Cross SAI  
Total Toe  
Cross Turn Diff.

Actual	Before	Specified Range
2°10'	2°09'	-0°45' 0°45'
-0°04'	-0°04'	-0°45' 0°45'
-2°28'	-2°27'	
-1°01'	-1°01'	-0°05' 0°16'

Rear : Left

Actual	Before	Specified Range
-1°37'	-1°37'	-1°55' -0°25'
-0°09'	-0°09'	-0°01' 0°18'

Camber  
Toe

Rear : Right

Actual	Before	Specified Range
-1°42'	-1°42'	-1°55' -0°25'
-0°12'	-0°12'	-0°01' 0°18'

Rear

Cross Camber  
Total Toe  
Thrust Angle  
Axle Offset

Actual	Before	Specified Range
0°05'	0°05'	-0°45' 0°45'
-0°21'	-0°21'	-0°03' 0°35'
0°02'	0°02'	
0mm	0mm	



## 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	07/08/2021 11:20 (SGT)
Date of Accident	06/08/2021 12:48 (SGT)
Exact Location of Accident	6 Ang Mo Kio Ave 8, Singapore 569805
Additional Location Information	ANG MO KIO AVE 6 JUST BEFORE X JUNCTION OF MARYMOUNT ROAD TOWARDS THOMSON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCN7922J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN CHYE CHUAN
NRIC No	SXXX514B
Email Address	TANSIEMEN@GMAIL.COM
Mobile Phone No	(Phone) +65-91805783
Alternative Phone No	(Home) +65-91805783

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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	1797

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MS012356-R01
Cover Note Number	06/12/2020 TO 05/12/2021

### DRIVER

Name of Driver	TAN CHYE CHUAN
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Accident report SA1821870001



## SKETCH PLAN

Tokio Marine

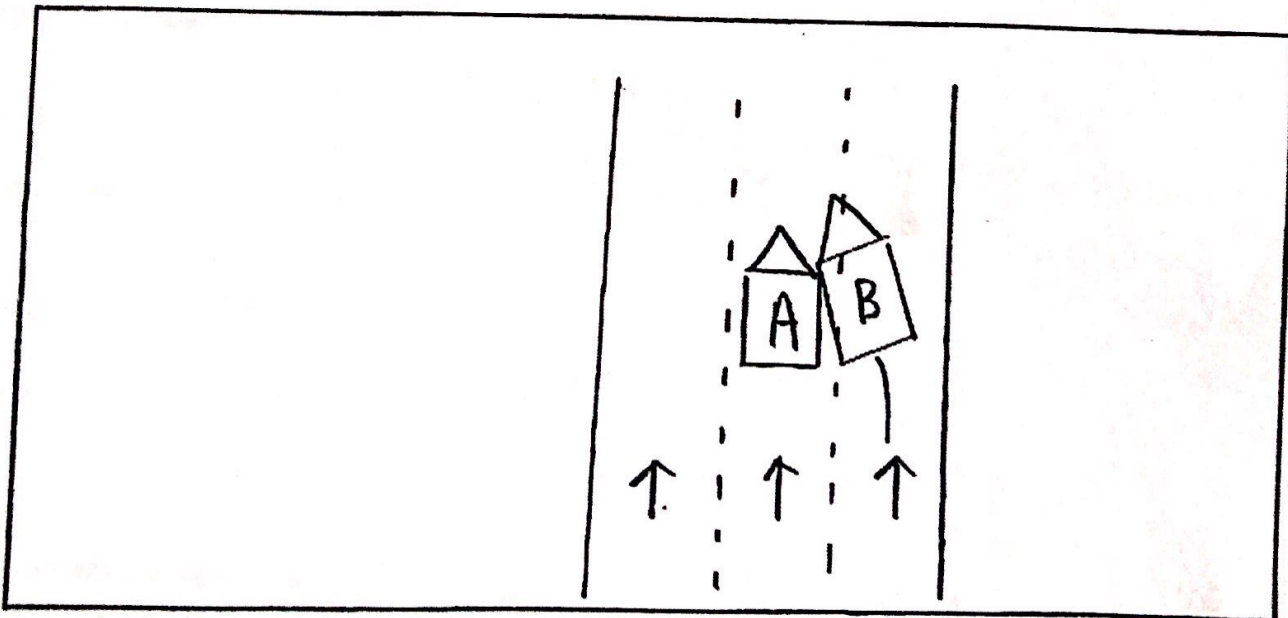
Vehicle : SCN7922J

07/08/2021

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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.

### Sketch Plan



Policyholder's Signature / Date & Time

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

WITNESSED BY Reporting Centre Personnel

07/08/2021

TOKIO MARINE COMPANY



Date of accident: 06/08/2021 Time: 12.48pm Location: Ang Mo Kio Ave 6 just before  
My Vehicle A: SCN 7922J Vehicle B: GBH 9651X Vehicle C: X junction of Marymount  
RD Toward Thomson RD

**SKETCH PLAN**

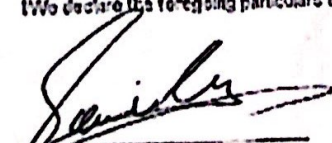
**Describe Circumstances of the Accident**

While driving along Ang Mo Kio Ave 6 towards Marymount Rd my vehicle was in the middle while the vehicle 'B' turned out suddenly from the first lane and bang into the front right of my vehicle and cause my vehicle to swerve into lane 3.  
I stopped my vehicle immediately but the driver of vehicle 'B' started to reverse back into his lane.  
After a few hours later, i started to feel pain in my neck, shoulder and back area.


Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

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

  
Validated by Reporting Centre  
Date: 07/08/2021  
Signature: 