

ASS. REC. BY:

Tanjil

REF:

C3/ASM 21008542/TIC

## ASSIGNMENT

CUE 2025 Jan.

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.

|     |     |
|-----|-----|
| N/S | O/S |
|     |     |

Bal. or Market Value: \$34K

IDAC Accident Rpt: \_\_\_\_\_ 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: S3X4570A Yr Regn: 20/01 June

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

Truck / Trailer or

Make: Volkswagen Scirocco 1390

Colour: Grey A/C: Insured / Std / NI / NA

Sp. Reading: 114518 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WLV E22132AV 440019

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/40R18

R: 2

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

TOYO / YOKO or General

Front: 6 mm Rear: 6 mm

R/Bal. 6 mm L/Bal. 6 mm

L/Bal. 6 mm D.O.A. 17/6/21 230pm

D.O.A. 17/6/21 230pm

Survey held at Trident

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

Repair Range \$3000 - \$5000, 5 days.

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Rep. Format: \_\_\_\_\_

Lump Sum / L&amp;A ( )

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

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

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

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

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

S + RS + SI

Photos

Others

TOTAL

## 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              | 13/08/2021 13:58 (SGT)    |
| Date of Accident                | 12/08/2021 10:17 (SGT)    |
| Exact Location of Accident      | Singapore                 |
| Additional Location Information | BLK 223 BISHAN ST 23 OSCP |
| Country/State of Loss           | Singapore                 |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | SJX4570A                      |
| INSURED/POLICYHOLDER        |                               |
| Is company?                 | No                            |
| Name Of Registered Owner    | WONG KAI CONG                 |
| NRIC No                     | S9424240A                     |
| Email Address               | shawn_wongkaicong@hotmail.com |
| Mobile Phone No             | (Phone) +65-97730546          |
| Alternative Phone No        | +65-97730546                  |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Volkswagen                |
| Model  | Scirocco                  |
| 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   | 1400                      |

#### INSURANCE COMPANY

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | Comprehensive                          |
| Fleet Policy              | No                                     |
| Policy Number             | 5120472992                             |
| Cover Note Number         | drivo CLASSIC                          |

#### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | WONG KAI CONG |
| NRIC No        | S9424240A     |

|  |                                 |
|--|---------------------------------|
| Date Of Birth  | 05/07/1994                      |
| Occupation   | Indoor                          |
| Date Of Driving Pass   | 12/12/2015                      |
| Driving experience   | 5 YEARS AND 8 MONTHS            |
| Gender   | Male                            |
| Mobile Number  | (Phone) +65-97730546            |
| Alt. Phone Number  | +65-97730546                    |
| Email Address  | shawn_wongkaicong@hotmail.com   |
| Address  | BLK 211 #09-07 YISHUN STREET 21 |
| Address complement   | -                               |
| Postcode   | 760211                          |
| 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   | Side Swipe |
| 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)   | 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 SKETCH PLAN

#### ATTACHMENT(S)

|   |                                  |
|---|----------------------------------|
| Are accident photos available for attachment?     | Yes                              |
| Was there any video captured by Car Camera?       | Yes                              |
| Reasons for not uploading a video of the accident | FILE SIZE TOO BIG TO BE UPLOADED |
| Was there any audio recorded?                     | No                               |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SHD4565U             |
| Vehicle Manufacturer        | -                    |
| Vehicle Model               | -                    |
| Vehicle Variant             | -                    |
| Vehicle Colour              | -                    |
| Vehicle Category            | Taxi                 |
| Name of Driver              | TAN TECK SING        |
| NRIC No                     | S0223740G            |
| Contact Number              | (Phone) +65-94895013 |

Address  
Address complement  
Postcode  
Insurance Company Name  
Nature Of Damage  
Details of property damaged in accident  
No. Of Passenger (Including Driver)

-  
-  
-  
-  
-  
-

SKETCH PLAN

## 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 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 be 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 be 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 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)

Sketch Plan

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

Witnessed by Reporting Centre

Personnel: Alan Tang (5098675)  
Customer Care Executive  
Motor Service Centre

|   |
|---|
|   |
|   |
|   |
| A |
| B |
|   |
|   |
|   |

*[Handwritten signature]*

(A) - SJX4570A

(B) - SHD4565U



Describe Circumstances of the Accident

While i was adjusting my car into the parking lot at Bishan, blk 223's open air car park, suddenly, i feel an impact from my vehicle front portion. i came down and check, a taxi (SHD4565U) has hit onto my car front right portion while reversing. I was at the parking lot and i saw the taxi (SHD4565U) was stationary at side of the parking lot without any reverse signal.

*[Handwritten signature]*

Declaration

I hereby declare that the information provided is true and correct.

*[Handwritten signature]*

*[Handwritten signature]*

A. M. Tang (S) (P) 2018  
 Singapore Police Force  
 Motor Squad