

ASS. REC. BY: Taylor

REF: CS3/UPC21004428/TIV83-1

ASSIGNMENT OPC

From: _____ Date: _____

Veh No: SLM8039B Yr Regn: 2017 April

Estimated Cost: _____

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

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or _____

To Inspect Vehicle No: _____

Make: Mitsubishi Lancer EX c.c 1590.

at Workshop m/s _____

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

of _____

Sp. Reading: 21369 T/Radio: Insured / Std / NI / NA

Insured: SGL 883Y

Eng/No: _____

Policy No. _____

C/No: JMYSRCCYIAG4006432

Claims No. 20/21/21/VP05/024418

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or _____

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or _____

Make of Veh: _____

Modi: Nil / S/Rim / STD A/Rim or _____

(Policy Condition)

Tyre Size: F: 205/60R16

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	<u>X</u>

R: _____

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

TOYO / YOKO or _____

Bal. or Market Value: \$62K.

Front R/Bal. 6 mm Rear R/Bal. 6 mm

IDAC Accident Rpt: _____ Consistent? : Yes or No

L/Bal. 6 mm U/Bal. 6 mm

GIA / PR Seen: _____ Consistent? : Yes or No

D.O.A. 30/3/21 D.O.I. 2/4/21 @ 530

Est. Repairs: _____ days Res.: Yes or No

Survey held at Queen St

Lum Sum: _____ % 3 Val.: Yes or No

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

CA / REV / REP. / 24 HRS WP - PROS

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
8/4/21	Submit PRS
24/8/21	Submit LS \$1100 (Red 1050, 48%)

Date/Time, File Pass to? : Preli. Report
 : Final Report

Days Of Repair: 3

1) _____
Date/Time, File Return to?

Resurvey No. of Trip: _____

2) 24/8/21-Typist
Report Format: TP
Lump Sum / L.B.I. (%): LS 1100

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

Survey Fee:	_____
Transportation:	_____
\$ + RS. \$	_____
Photos	_____
Others	_____
TOTAL	_____

1389

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	31/03/2021 09:57 (SGT)
Date of Accident	30/03/2021 19:55 (SGT)
Exact Location of Accident	Near 2 Tessensohn Rd, Singapore 217646
Additional Location Information	SLIP ROAD OF TESSENSOHN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM8039B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD RIZAL BIN ABDUL RAHIM
NRIC No	SXXXX603F
Email Address	3jal80@gmail.com
Mobile Phone No	(Phone) +65-91916714
Alternative Phone No	+65-91916714

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1590

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5099163715-02
Cover Note Number	12/04/2020-11/04/2021

DRIVER

Name of Driver	MOHAMAD RIZAL BIN ABDUL RAHIM
NRIC No	SXXXX603F

Date Of Birth	03/12/1980
Occupation	Indoor
Date Of Driving Pass	26/04/2005
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91916714
Alt. Phone Number	+65-91916714
Email Address	3jal80@gmail.com
Address	BLK 210A COMPASSVALE LANE #08-156
Address complement	-
Postcode	541210
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material 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

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE A (SLM8039B) ALONG SLIP ROAD OF TESSENSOHN ROAD. I SLOW DOWN AT THE ZEBRA CROSSING APPROACHING TO THE MAIN ROAD, SUDDENLY VEHICLE B (SGL883Y) CAME FROM BEHIND AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. THE DRIVER ADMIT THAT HE NEVER FOCUS IN FRONT AS HE WAS LOOKING AT HIS DOG AND TALKING TO HIS WIFE INSIDE THE VEHICLE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL883Y
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) -

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 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. 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.

[Handwritten Signature]

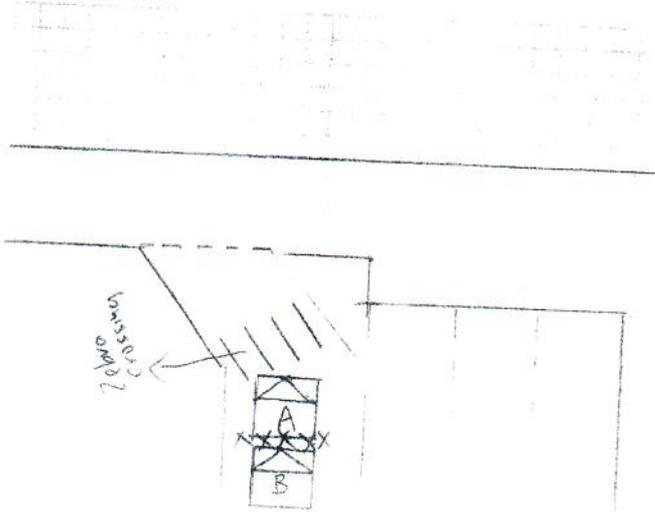
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



vehicle A: SLM8039B

vehicle B: SGL883Y

Along Stip Road of
Tessensohn Road