

REF: CS/CTI21008757/Aqc

ASS. REC. BY:

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. **SNM21D204599/C02**

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: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: **4** 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: **YP8326C** Yr Regn: **2017/2ec.**

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

Truck / Trailer or

Make: **Mit Lentes** c.c **2998**

Colour **White** A/C: Insured / Std / NI / NA

Sp. Reading **80430** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **FEBS0545204**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: **205/75R16**

R: **205/75R16**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / 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.I. **04/10/21**

Survey held at **Xin Hua.**

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

Front o/s.

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

Date / Time Action / Instruction

TR Chngs

06/10/21@12.49pm Informed Pauline Tham, we are pending for estimate from repairer.

18/03/22@10.37am revised to Pauline Tham via Merimen.

MV :

PV :

Nett :

LS \$3400, 4 days (Red \$13367.94, 80%)

Date/Time, File Pass to?

: Preli. Report

1) **18/03** Typist

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: **4**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation: _____

Arld Fee: Site Insp (\$)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

Photos

Others

Report Format: **MER-TP**

Lump Sum / **3400**

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	10/08/2021 15:17 (SGT)
Date of Accident	10/08/2021 10:44 (SGT)
Exact Location of Accident	No. 6 Shenton Way, Singapore 068809
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8326C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	IHUB SOLUTIONS PTE LTD
Company Reg No	2XXXXX937C
Email Address	aminah@ihubsolutions.com
Mobile Phone No	(Phone) +65-64610216
Alternative Phone No	(Office) +65-64610216

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ActLiability
Fleet Policy	No
Policy Number	DMCVSNW00056532102
Cover Note Number	-

DRIVER

Name of Driver	TAN JIN SIONG
NRIC No	SXXXX193J

Date Of Birth	19/07/1969
Occupation	Outdoor
Date Of Driving Pass	11/09/2012
Driving experience	8 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96385656
Alt. Phone Number	-
Email Address	aminah@ihubsolutions.com
Address	APT BLK 504 JURONG WEST ST 51
Address complement	#04-239
Postcode	640504
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collided into Parked Vehicle
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 THE CIRCUMSTANCES.

ATTACHMENT(S)

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	YN7186G
Vehicle Manufacturer	Hino
Vehicle Model	XZU710R-HKFMS3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HOW CHENG HAI
NRIC No	SXXXX281B
Contact Number	(Phone) +65-96718845
Address	-

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

IMPORTANT NOTICE

IMPORTANT NOTICE

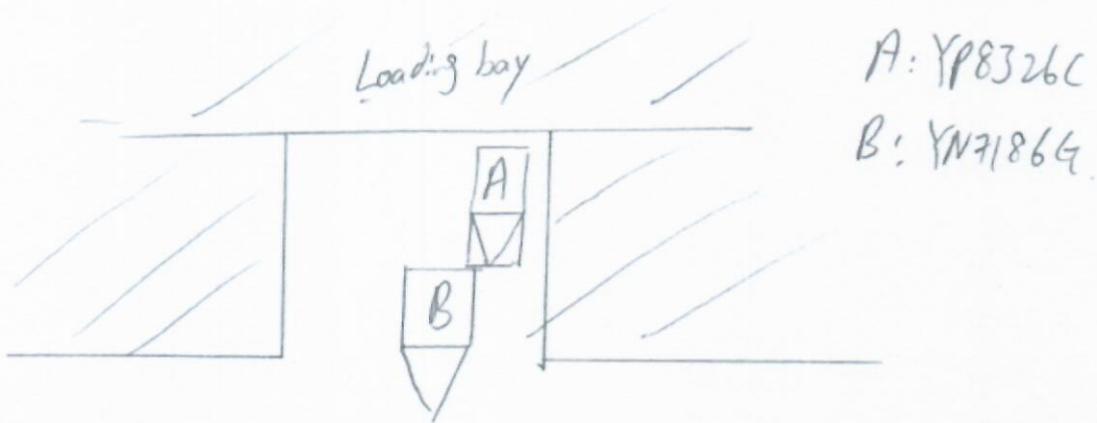
1. Please read carefully the details of the accident to speed up the claims process
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5. Any false reporting may be referred to the Police for investigation
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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 lodgment 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

IHUB SOLUTIONS PTE LTD
 NAME: STEVEN SUPRAMANIAM
 NRIC: S1224300F
 GOODS RECEIVED CONTENT UNCHECK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above mentioned date & time, I was unloading my goods from my company veh 'YP8326C' at Deloitte & Touche Enterprise Risk Services Pte Ltd. loading bay. Suddenly there is another lorry bearing veh 'YN7186G' reverse and accidentally hit my company lorry Right Hand front corner panel partion.

IHUB SOLUTIONS PTE LTD	
NAME: STEVEN SUPRAMANIAM	
NRIC: S1224300E	
GOODS RECEIVED CONTENT UNCHECK	
I am <u>THA Jir Seng</u> (Driver / Dispatch / Owner)	
Vehicle No: <u>YP8326C</u>	
I hereby declare that I have read and understood the terms and conditions of the contract and I agree to the terms and conditions of the contract.	Signature of Driver/Dispatch/Owner Date: <u> </u>

IHUB SOLUTIONS PTE LTD	
NAME: STEVEN SUPRAMANIAM	
NRIC: S1224300E	
GOODS RECEIVED CONTENT UNCHECK	

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