

ASS. REG. BY:

REF: AXA/210090271kv

Henoch

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OO/MP/NS/TP/RES/OO/RES/EVA/INV/INV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop no: EM  
 of 147N  
 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.

NS	OS

Est. or Market Value: 837k  
 DAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No  
 GA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No  
 Est. Repair: 04 days Res.: Yes or No  
 Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: GBE 52006 Yr Regn: 12, 15  
 Type: M/Car / M/Cycle / Bus / Van / Van / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: MS Cabsta cc 2953  
 Colour: Piln AC: Insured / Std / NI / NA  
 Sp. Reading: 208414 TRadio: Insured / Std / NI / NA  
 Eng No: \_\_\_\_\_  
 C/Nr: JNISC 2F2420857975  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: Falken 195R15 78  
Arivo R: Arivo 155R12 8(10)  
 BS/DUN/EXNOVA/GY/FS/LZA/MIC/OHTSU/PIR/SUMI  
 TOYO/YOKO or \_\_\_\_\_  
 Front R/Bal: 0 mm Rear R/Bal: 44 mm  
 L/Bal: 0 mm L/Bal: 44 mm  
 D.O.A: 26/8/21 D.O.I: 27/8/2021  
 Survey held at \_\_\_\_\_  
 Des. of Damages: F / Rear / OS / NS / UIC / Rooftop or  
Acc o/s  
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	Est not ready

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

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

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

Survey Fee:	
Transport:	
S - RS - St	
Fuel	
Others	
TOTAL	

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

Report Format:  
 Lump Sum / I.B.I: (\$ \_\_\_\_\_)

# 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	26/08/2021 17:09 (SGT)
Date of Accident	26/08/2021 11:10 (SGT)
Exact Location of Accident	Jurong West Street 64, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5200G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	Techelm Technologies Pte Ltd
Company Reg No	A200501147N
Email Address	derekkeh@singnet.com.sg
Mobile Phone No	(Phone) +65-91316083
Alternative Phone No	(Home) +65-91316083

## VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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	2953

## INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MR006043
Cover Note Number	-

## DRIVER

Name of Driver	Rajendran Mohanraj
Work Permit No	G8258625W

**IMPORTANT NOTICE**

**SKETCH PLAN**

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**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.

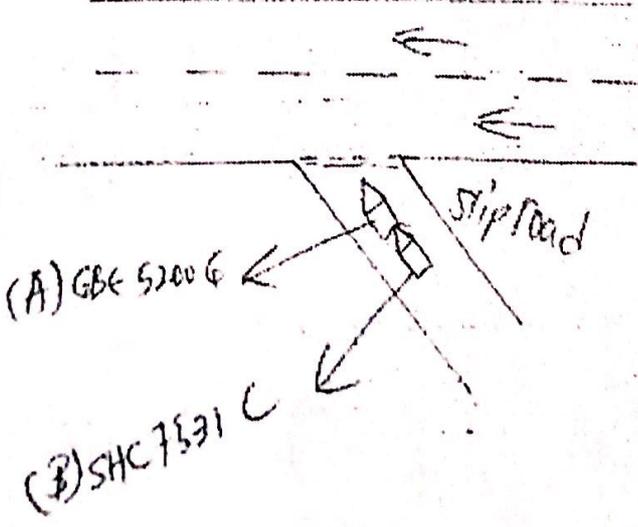
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Jurong West street 64



**Describe Circumstances of the Accident**

On 26/8/2021 at about 11:10 AM I was driving my Lorry  
GRE 5200 G along Jurney West Street 64. I was travelling at  
the slip road junction and I stopped my Lorry to wait for  
traffic to clear before moving out to main road, out of a  
sudden, a taxi - SHC 7531 C from behind collided onto the  
rear of my Lorry. I reported this incident for TPA  
claim against SHC 7531 C for my damage.

**Declaration**

I declare the foregoing particulars are true in every respect.