

ASS. REC. BY:

Steve

CS3/AIG 21999112/ETF3

ASSIGNMENT

From:

PRS

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Real. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN/OUT

Veh No:

SGY9120

Yr Regn:

17/9/07

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

Truck / Trailer or

Make:

Toyota Camry

C.B.

1998

Colour:

Beige

A/O:

Insured / Std / NY / N

Sp. Reading

195163

T/Radio: Insured / Std / NY / N

Eng/No:

C/No:

MR9538KE17916425

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brakes: In order / Jammed / Locked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal:

4

mm

R/Bal:

4

mm

L/Bal:

4

mm

L/Bal:

4

mm

D.O.A.

28/8/21

D.O.I.

31/8/21

Survey held at

TJ Car Care

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

Rear LH:

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

Date / Time Action / Instruction

MVA - 38K

SUBMIT DAR REPORT

Date/Time, File, Poss 1st:



: Prel. Report



: Final Report

Date/Time, File Return 1st:

Days Of Repair:

6

Resurvey No. of Trips

Survey Fee:

Transportation:

S + RS \$

Private

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$



: VV-stand (\$

Approved/signed:

Date/Time/Signature

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 28/08/2021 13:25 (SGT)
Date of Accident 28/08/2021 11:45 (SGT)
Exact Location of Accident Old Holland Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGY912D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN WEE KENG ALAN
NRIC No S1672669I
Email Address ALANTANWEEKENG@HOTMAIL.COM
Mobile Phone No (Phone) +65-93667544
Alternative Phone No +65-93667544

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 1998

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5045259331-10
Cover Note Number -

DRIVER

Name of Driver TAN WEE KENG ALAN
NRIC No S1672669I

Date Of Birth	24/10/1964
Occupation	Indoor
Date Of Driving Pass	20/04/1987
Driving experience	34 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93667544
Alt. Phone Number	+65-93667544
Email Address	ALANTANWEEKENG@HOTMAIL.COM
Address	4 REDWOOD AVENUE
Address complement	
Postcode	276714
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HO SOEK LIE
Gender	Female

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

PLEASE REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SUBMIT TO NTUC
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SNB315R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	JEROSCHEWSKI ARNE
NRIC No	S7989414A
Contact Number	(Phone) +65-96638821
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

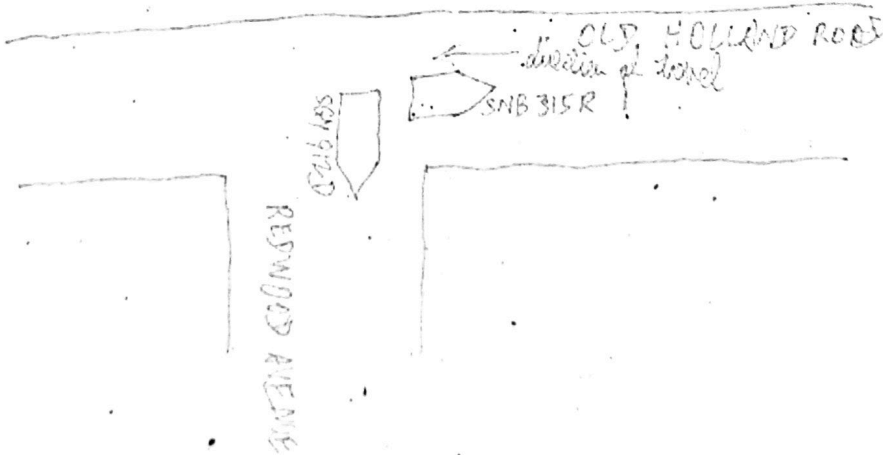
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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/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' law firms/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' law firms/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 law firms/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



Describe Circumstances of the Accident

LICENSE PLATE	SAV 917 D	ACCIDENT DATE & TIME	28/8/21 @ 11:45 am
CONTACT NUMBER	93667844	E-MAIL ADDRESS	alanfanweckeng@hotmail.com
LOCATION	OLD - HOLLAND ROAD		

I was trying to make a 3 point turn at the junction of Old Holland Road & Redwood Avenue. The driver of the car SNB 315 R who was in front of me, reversed his car to the rear of his car into the rear left side of my car while I was stationary.


NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state


<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party	<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only
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Declaration

We declare the foregoing particulars are true in every respect

 28/8/21
 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel