

ASS. REQ. BY:

Steve

REF:

CS3/ASM 21009174/Euc

CS3/ASM21009174/Euc

ASSIGNMENT

From:

PRS

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SJF 7001B

at Workshop m/s

GRACE TEAM

Insured:

SHA 9055H

Policy No.

Claims No.

S1M03GPM

Sum Insured:

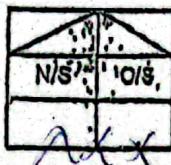
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seat:

Consistent? : Yes or No

Est. Repair:

5

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:

SJF 7001B

Yr Regn:

30/4/12

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

Truck / Trailer or

Make:

Toyota Camry

c.c. 1998

Colour:

Grey

A/C: Insured / Std / Nil / N

Sp. Reading

123135

TIRadio: Insured / Std / Nil / N

Eng/No:

C/No:

MR053 BKS104000762

Gen. Cond: Good / Fair / Poor / Buggy

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

11

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

TOYO / YOKO or

Front

R/Bal.

4

mm

Rear

R/Bal.

4

mm

U/Bal.

4

mm

U/Bal.

4

mm

D.O.A.

26/8/21

D.O.A.

7/9/21

Survey held at

Grace Team

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time

Action / Instruction

MIV-21K

repair range 3K-4K
5 repair dgr

8/9/2021 Submit PRS.

Time/Time, File, Return to?



: Prel. Report

Days Of Repair:

5

Resurvey No. of Trips:

8/9 TYPIST



: Final Report

Time/Time, File Return to?

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Windwind (\$

Survey Fee:

Transportation:

S - PRS - \$1

Phone:

Others:

TOTAL

Application: SMART CLAIM - PRS

File Sum / ID. No.

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 Authorized 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	30/08/2021 17:44 (SGT)
Date of Accident	26/08/2021 21:32 (SGT)
Exact Location of Accident	Havelock Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF7001B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Yeo Beng Kiat
NRIC No	S14087071
Email Address	steven.keyeo@gmail.com
Mobile Phone No	(Phone) +65-96746662
Alternative Phone No	+65-96746662

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	2000

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI21V03947/VPE/R00
Cover Note Number	-

DRIVER

Name of Driver	Yeo Beng Kiat
NRIC No	S14087071

Date Of Birth	24/05/1960
Occupation	Indoor
Date Of Driving Pass	03/02/1981
Driving experience	40 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96746662
Alt. Phone Number	+65-96746662
Email Address	steven.keyeo@gmail.com
Address	Blk 27 Dover Crescent #18-25
Address complement	-
Postcode	130027
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 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

Please refer to sketch plan

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	SHA9055H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-97973737
Address	-
Address complement	-

Insurance Company Name	-
Amount Of Damage	-
Details of property damaged in accident	-
Name Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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 yers/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 making 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")

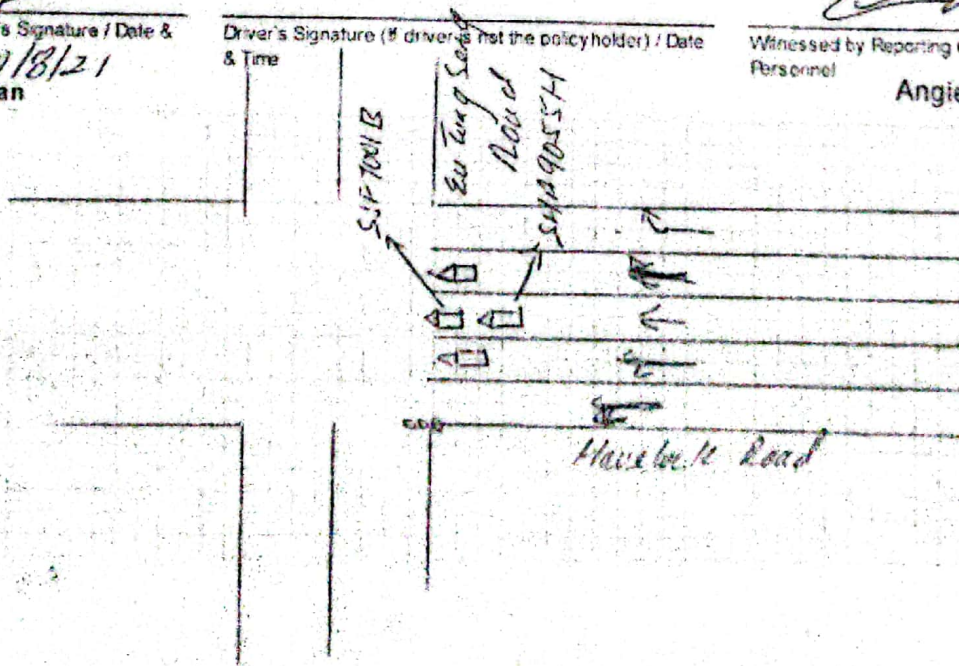
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
30/8/21
Sketch Plan

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

Witnessed by Reporting Centre Personnel
Angie Soh



Describe Circumstances of the Accident

On 26/8/21, at about 9.30 pm, my van SVT 901K was stop on the junction red light. Suddenly van SIA 905511 hit into the rear of my van along Havelock Road. I was not injure but my rear car was badly damaged. The accident happened on Havelock Road and 411 Wing Lung Street junction.

[Signature]

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

[Signature]
30/8/21

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

Witnessed by Reporting Centre Personnel

[Signature]
Angie Soh