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.

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days   Res.: Yes or No

Lum Sum: %   3 Val.: Yes or No

CA / REV / REP. / 24 HRS

                              Vehicle: IN / OUT

Date: Person Contacted:

Veh No: **SMR644T.**   Yr Regn: **2016 / Jan.**

Type: (M.Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or

Make: **Mazda 3**   c.c **1496.**

Colour **Black.**   A/C: Insured / Std / NI / NA

Sp.Reading **107075.**   T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: **JM6BM42A8G0323420.**

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: **205/60R16**
              R: **205/60R16**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or **Glede.**

Front			Rear		
R/Bal.	**06**	mm	R/Bal.	**06**	mm
L/Bal.	**06**	mm	L/Bal.	**06**	mm
D.O.A.			D.O.I.	**08/09/21.**	

Survey held at **Ryder**

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

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

Date / Time	Action / Instruction
	TP Lon Pac
	MV :
	PV :
	Nett :

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:	
Transportation:	
_S + RS_ SI	
Photos	
Others	

Accident Reporting Draft

VEHICLE NO: SMR644T   **MODEL:** MAZDA 3   AUTO/MANUAL

DATE OF ACCIDENT	6/9/2021 C.C: 1,496
TIME OF ACCIDENT	1430 HRS AM/PM
LOCATION OF ACCIDENT	SUNGEI KADUT AVE
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ PRIVATE USE/ PRIVATE HIRE
NAME OF OWNER	LING SHAN DE
CONTACT NO.	96263917 EMAIL: BETTERINLIFE@HOTMAIL.COM
NRIC	S8521882D
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P
INSURANCE CO.	NTUC
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
POLICY NO.	
NAME OF DRIVER	AS ABOVE / IF NO: LING SHAN DE
NRIC	S8521882D ANY PASSENGER: 0
DATE OF BIRTH	9/7/1985
OCCUPATION	OUTDOOR / INDOOR
DATE OF DRIVING PASS	6/2/2020
GENDER	MALE / FEMALE
CONTACT NO.	96263917 EMAIL: BETTERINLIFE@HOTMAIL.COM
ADDRESS	APT BLK 134 EDGEDALE PLAINS #05-76 S(820134)
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO: OWNER
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	DRY / WET/ OTHER: DRY
ANY INJURIES	NO / IF YES: LING SHAN DE
CONTACT NO.	
POLICE REPORT	NO / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?
VIDEO RECORDING	NO / YES NO/IF YES: WHO?
AUDIO RECORDING	NO / YES SCENE PHOTO(S) NO / YES
VEHICLE B NO.	5025S ANY PASSENGER:
NAME	
CONTACT NO.	
VEHICLE C NO.	YN2772Y ANY PASSENGER:
VEHICLE D NO.	YP859J ANY PASSENGER:
VEHICLE E NO.	SDA9038F ANY PASSENGER:
VEHICLE F NO.	GBG8089G ANY PASSENGER:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	
CONTACT PERSON	
FAX NO.	
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES

Ryder Auto Pte Ltd

2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,
Singapore 417921
Email: ryderautoworkshop@gmail.com
Tel: 67418277 Fax: 67468277

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
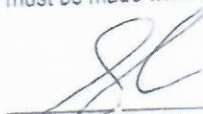
Sketch Plan
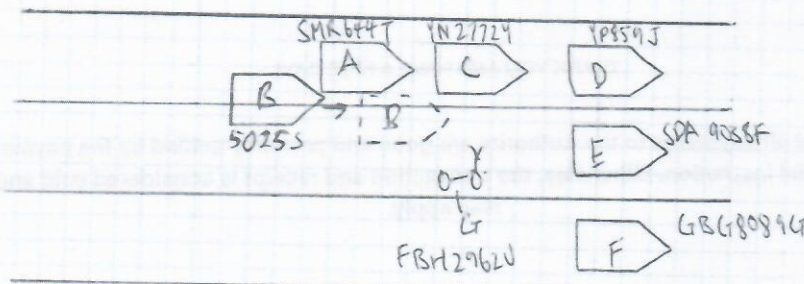
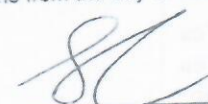## Describe Circumstances of the Accident

I WAS STATIONARY ALONG SUNGEI KADUT AVE AS THE TRAFFIC LIGHT WAS RED. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE. VEHICLE B CONTINUED FORWARD AND GRAZED THE RIGHT SIDE OF MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

_____
Policyholder's Signature / Date & Time

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

_____
Witnessed by Reporting Centre Personnel