

ASS. REC. BY:

622
PRS

ASSIGNMENT

(2023)

18 Nov 2008

From:

Date:

Veh No:

GBB 2941L

Yr Regn:

18 Nov 2008

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No: GBB 2941L

Make:

Suzuki Every

c.c.

658

at Workshop m/s

Auto Best

Colour

white

A/C: Insured / Std / NI / NA

of

Sp. Reading

T/Radio: Insured / Std / NI / NA

Insured:

YN 1883S

Eng/No:

Policy No.

DMCVSNW00048152100

C/No:

DA64U 208750

Claims No.

SNM21D203782/C02

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Tyre Size:

F:

155 R12

R:

11

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

| | |
|-----|-----|
| N/S | O/S |
| | |

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

TOYO / YOKO or

Bal. or Market Value:

\$11K

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

6

mm

R/Bal.

6

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

6

mm

L/Bal.

6

mm

Est. Repairs:

6

days

Res.: Yes or No

D.O.A.

D.O.I.

08-07-21

Lum Sum:

20

%

3 Val.: Yes or No

Survey held at

W/S

4:30pm

CA / REV / REP. / 24 HRS

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

N/S RA

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time Action / Instruction

rebate: 6776

\$5000 - \$6000, 6 repair days.

9/7/2021 Submit PRS.

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair: 6

1) 9/7 TYPIST

☐

Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Misc. Fee (\$

Survey Fee:

Transportation:

3 + RS. SI

Photos

Other:

TOTAL

Report Formed: TP

Lump Sum / B/L

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 | 07/07/2021 09:23 (SGT) |
| Date of Accident | 06/07/2021 09:47 (SGT) |
| Exact Location of Accident | Jln Besar, Singapore |
| Additional Location Information | JUNCTION OF JALAN BESAR & UPPER WELD ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | GBB2941L |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------|
| Is company? | Yes |
| Name Of Registered Owner | ACCLAIM SYSTEMS PTE LTD |
| Company Reg No | 1XXXXX237G |
| Email Address | ADMIN@ACCLAIM.SG |
| Mobile Phone No | (Phone) +65-83499117 |
| Alternative Phone No | (Office) +65-62990798 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Suzuki |
| Model | Every |
| 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 | Auto |
| CC | 658 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5112939040 |
| Cover Note Number | - |

DRIVER

| | |
|-----------------|-------------------------|
| Name of Driver | SHANMUGAM PILLAI RAJESH |
| Passport No/FIN | GXXXX408M |

| | |
|--|----------------------|
| Birth | 30/07/1987 |
| Location | Outdoor |
| Driving Pass | 09/05/2019 |
| Experience | 2 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-83499117 |
| Alt. Phone Number | - |
| Email Address | ADMIN@ACCLAIM.SG |
| Address | NA |
| Address complement | - |
| Postcode | - |
| 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 | Collision - Cross Junction |
| 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

THE TRAFFIC TURN GREEN IN MY FAVOR, SO I PROCEED TO GO STRAIGHT TOWARDS WELD ROAD. SUDDENLY, VEHICLE B DASHED THROUGH THE JUNCTION AND HIT MY VEHICLE FRONT LEFT PORTION.

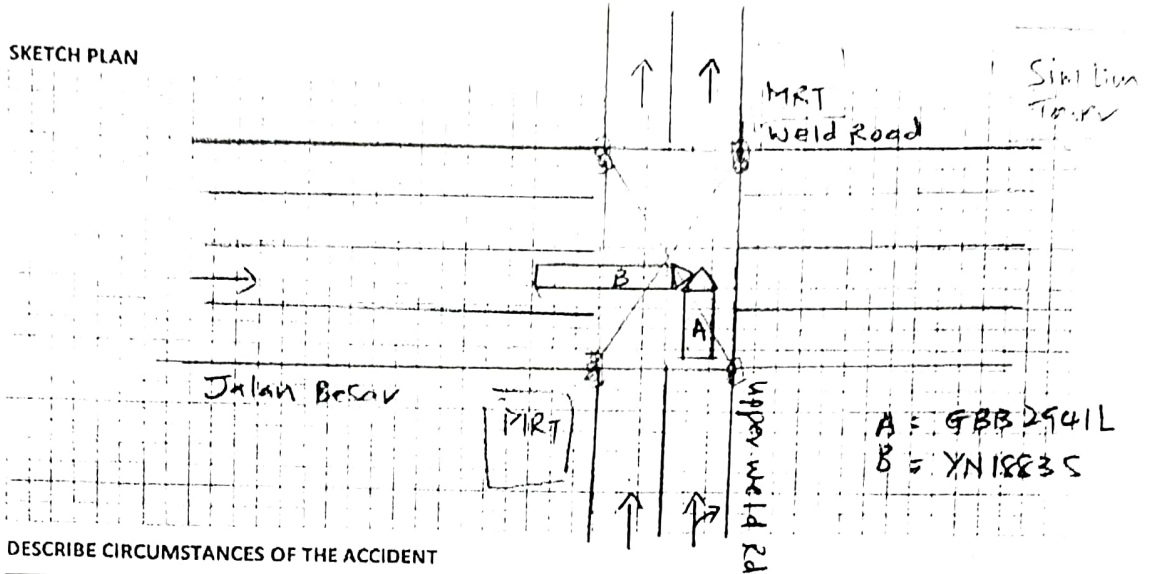
ATTACHMENT(S)

| | |
|---|----------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | FILE TOO LARGE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | YN1883S |
| Vehicle Manufacturer | Mitsubishi |
| Vehicle Model | Canter |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Goods vehicle |
| Name of Driver | NALLATHAMBI SUNTHER |
| Contact Number | (Phone) +65-97271805 |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The traffic turn green in my favor, so, I proceed to go straight towards Weld Road. Suddenly, Vehicle 'B' dashed through the junction and hit my vehicle front left portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time 06/12/21

Reporting Centre Personnel's Signature
Name
NRIC/ID No.

SKETCH PLAN

IMPORTANT NOTICE

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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 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.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 06/7/21



Reporting Centre Personnel's Signature
Name
NRIC / ID No

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

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-
-
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