

ASS. REC. BY:

REF: CT2/21009799/Kt

## 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.

Bal. or Market Value:

IDAC Accident Rpt:

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

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

FBS 25335 Yr Regn: 03, 21

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

Truck / Trailer or

Make:

Honda Vinner X c.c. 149

Colour

Multi Color

A/C: Insured / Std / NI / NA

Sp. Reading

22657

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

R2HKC37146Y023786

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

P: Chey Shin 90/80R17

R: Maffis 120/70R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

6

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

7/9/21

D.O.I.

21/9/2021

Survey held at

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

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

Date / Time

Action / Instruction

/ Est not ready

lump sum \$800, 3days  
red: 965.6;54%

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

3

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

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 ..... 16/09/2021 13:52 (SGT)  
Date of Accident ..... 07/09/2021 13:20 (SGT)  
Exact Location of Accident ..... Sin Ming Dr, Singapore  
Additional Location Information ..... SIN MING DRIVE / SIN MING AUTO CITY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBS2533S

## INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PAS AUTO PTE LTD  
Company Reg No ..... 2XXXXX120M  
Email Address ..... fsy@pasauto.sg  
Mobile Phone No ..... (Phone) +65-92955161  
Alternative Phone No ..... +65-64523938

## VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... WINNER XABS  
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 ..... Motorcycle  
Transmission ..... Manual  
C ..... 149

## INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Meet Policy ..... No  
Policy Number ..... 5121221364  
Cover Note Number ..... -

## DRIVER



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

### 2. 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.



PAS AUTO PTE LTD  
Blk 32, Sin Ming Drive  
#01-325 Singapore 575706  
Tel: 6452 3938 Fax: 6452 7936

*[Signature]*



*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by  
Personnel

### Sketch Plan

Vehicle	Make	Model	Year	Colour	Registration
Vehicle A	MAZDA	3	2008	Black	SG5 2533S
Vehicle B	MAZDA	3	2008	Black	SG5 1689Z

*[Sketch of accident scene on grid paper]*

Notes: 1. Vehicle A was involved in a collision with Vehicle B. 2. Vehicle A was driving towards the right. 3. Vehicle B was driving towards the left. 4. The collision occurred at the intersection of the two vehicles.



Describe Circumstances of the Accident

Pis refer to police report attached

T/20210902/2032

Remark: Driver, Azari Bin Mohammad Ali went A/E on 7/9/2021 9pm due arm swollen and given MC until 15/9/2021. As such 16/9/2021 then able to lodge insurance report, when back office.

☐ Claim OD    ☐ Claim Third Party    ☐ Claim OD/TP at other workshop    ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop : \_\_\_\_\_

Email address : \_\_\_\_\_

Myself email : \_\_\_\_\_

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

We declare the foregoing particulars are true in every respect



PAS AUTO PTE LTD  
Blk 32, Sin Ming Drive  
#01-325 Singapore 575706  
Tel: 6452 3933 Fax: 6452 7936



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel