

ASS. REP. BY

Steve

CS/CT/21010624/Egy3

ASSIGNMENT

From: PRS Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: _____
 of Workshop m/s: _____
 Insured: _____
 Policy No. _____
 Claims No. SNM21D205883/C02
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLX 2897Y Yr Regd: 23/3/18
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Kona CB: 998
 Colour: Blue A/O: Insured / Std / NI / N
 Sp. Reading: 95645 TIR: Insured / Std / NI / N
 Eng/No: _____
 ONO: KM11JK 381 12:74 999262
 Gen. Cond: Good / Fair / Poor / Buzt
 Steering: In/Out / Jammed / Locked / Burnt or _____
 Brake: In/Out / Jammed / Locked / Burnt or _____
 Mod: Nil / SRM / STD / SRM or _____
 Tyre Size: F: 215/55R17
R: 1
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Nexen
 Front 5 mm R/Ral. 5 mm
 L/Bal. 5 mm U/Bal. 5 mm
 D.O.A. 14/10/21 D.O.I. 15/10/21
 Survey hold at Carport Auto Centre
 Des. of Damages: FR / Rear / O/S / N/S / UIC / Roof top or _____



(Policy Condition)
 Remark: The vehicle commenced its repair at the time of inspection.

Ret. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 BIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Cum Sum: _____ % 3 Val.: Yes or No
 QA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

The UIC / chassis frame / Body structure affected due to collision

Date / Time	Action / Instruction
19/10/21	Submit PRS. <u>Repair range 3K-4K</u> <u>5 repair days</u>

19/10 Typist : Prel. Report
 : Final Report

Days Of Repair: 5
 Resurvey No. of Trips: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inva (\$ _____)
 : VVest/and (\$ _____)

Survey Fee	Transportation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approved: MER-PRS
 Date: _____

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	14/10/2021 15:08 (SGT)
Date of Accident	14/10/2021 07:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS BEFORE JALAN BAHAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX2897Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN JUN ZHENG DENNIS
NRIC No	SXXXX102Z
Email Address	dt3359@yahoo.com.sg
Mobile Phone No	(Phone) +65-98629779
Alternative Phone No	+65-98629779

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	OS KONA 1.0 T-GDI MT
Variants	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5099469196-03
Cover Note Number	-

DRIVER

Name of Driver	TAN JUN ZHENG DENNIS
NRIC No	SXXXX102Z

Date Of Birth 12/02/1964
 Occupation Indoor
 Date Of Driving Pass 30/07/1985
 Driving experience 36 YEARS AND 3 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98629779
 Alt. Phone Number +65-98629779
 Email Address dt3359@yahoo.com.sg
 Address BLK 214 BISHAN ST 23 #03-213
 Address complement -
 Postcode 570214
 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 -

Address
 Address complement
 Postcode
 Insurance Comp
 Nature Of Dam
 Details of pr
 No. Of Pa

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
 Weather Conditions Clear
 Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
 Number of vehicles involved in the accident 3
 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

REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - CAR PORT

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJA1684X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

SKETCH PLAN

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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' 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.

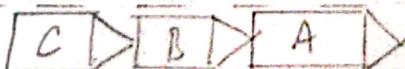
[Signature] 14/10/21
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A - SUC 2892Y
Veh B - SJA 1684X
Veh C - ?



PIE Towards Tuas before Jalan Bahru Exit

Describe Circumstances Of the Accident (Continue)

On 14/10/21 at about 0744 hrs I was travelling along A14 towards Tuis at ^{before} In Baker Exit. The vehicle in front came to a stop and I stopped my vehicle in time but Veh 8 collided into the rear of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



DI 14/10/21
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel