

CS/MSG21011350/AGqf3

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. **264952**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

N/S	O/S

(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: **2** 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: **SMQ9386J** Yr Regn: **2017 / Jne.**
 Type: **M** Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Honda Civic** C.C. **1498**
 Colour: **Blue** A/C: Insured / Std / NI / NA
 Sp. Reading: **150062** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **MRHFC1660HT000144**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: **In** order / Jammed / Leaked / Burnt or
 Brake: **In** order / Jammed / Leaked / Burnt or
 Modi: Nil / **S** / Rim / STD A/Rim or
 Tyre Size: F: **225/45 R17**
 R: **225/45 R17**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / **PIR** / SUMI /
 TOYO / YOKO or
 Front Rear
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **09/11/21**
 Survey held at **Adventure**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear N/S.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP MS16.
11/11/21 @ 3.11pm	Informed Katherine Wong, we are pending for estimate from repairer.
18/03/22 @ 5.01pm	revised & email to Christina Wong to seek mandate at LS \$1250, 2 days.
	MV : PV : Nett :
14/04/22	CHRISTINA WONG APPROVED MANDATE BY EMAIL.
	LS \$1250, 2 days. (Red \$3054.40, 71%)

Date/Time, File Pass to? ☐ : Preli. Report
☐ : Final Report
 1) **26/04 Typist**
 Date/Time, File Return to?
 2) _____
 Report Format: **MER-TP**
 Lump Sum / Fee: **1250**
 Days Of Repair: **2**
 Resurvey No. of Trip: **1**
 Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)
 Survey Fee: _____
 Transportation: _____
☐ : S + RS \$ _____
 Photos _____
 Others _____

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	03/11/2021 14:47 (SGT)
Date of Accident	02/11/2021 18:30 (SGT)
Exact Location of Accident	Serangoon Garden Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9386J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN JIA JIE
NRIC No	S9051271D
Email Address	chenjiajie@gmail.com
Mobile Phone No	(Phone) +65-81460888
Alternative Phone No	+65-81460888

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117089714-01
Cover Note Number	-

DRIVER

Name of Driver	TAN JIA JIE
NRIC No	S9051271D

Date Of Birth	31/08/1990
Occupation	Indoor
Date Of Driving Pass	26/03/2010
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81460888
Alt. Phone Number	+65-81460888
Email Address	chenjiajie@gmail.com
Address	BLK 365A UPPER SERANGOON ROAD #08-1040
Address complement	-
Postcode	531365
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	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	EE LENG
Gender	Female

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

ON 02/11/2021 AT ABOUT 1830HRS, ALONG SERANGOON GARDEN WAY TOWARDS YIO CHU KANG ROAD. I WAS TRAVELLING ALONG THE ABOVE MENTIONED ROAD BEFORE THE ROUNDABOUT OF CHARTWELL DRIVE AND KENSINGTON PARK ROAD. I STOPPED TO GIVE WAY TO TRAFFIC ON THE ROUNDABOUT. WHEN SUDDENLY, I HEARD A BANG SOUND FROM BEHIND. WHEN I ALIGHTED, I REALISED IT WAS VEHICLE WHO COLLIDED ONTO THE REAR PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE OTHER PASSENGER IN MY VEHICLE.

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	SFV3434A
Vehicle Manufacturer	-
Vehicle Model	-

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 processed 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 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' 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.

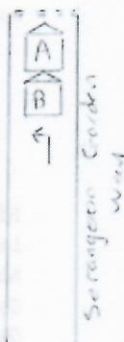
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) - SMG9356J
(B) - SFV 3434A

ADVANCE
AUTO

Describe Circumstances of the Accident

On the 02/01/2021 @ about 1830HRS, along Georgeon Gardens
Way towards Tiv Chu Kang Road. I was travelling along
the above mentioned road before the round about of Chartwell
Drive and Kensington Park Road. I stopped to give way
to traffic on the roundabout, when suddenly I heard a
loud bang from behind, when I alighted, I realized it was
Vehicle (B) who collided into the rear portion of my
Vehicle (A), causing damages to my Vehicle. I have no
other passenger in my vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your
your own comprehensive policy. Please check your policy for more information.

Declaration

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

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Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel