

ASS. REC. BY: Steve

CS3/CT: 21011452/Eqy3

PRS

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: _____
 at Workshop no: _____
 Policy No: _____
 Claims No: **SNM21D206429/C02**
 Sum Insured: _____ Excess: _____
 Make of Veh: _____

Veh No: **SFY 3886D** Yr Regn: **23/6/17**
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
 Make: **Mazda 3** Ch: **1495**
 Colour: **Blue** A/O: Insured / St / NI / N
 Sp. Reading: **5256** YR: Radio: Insured / St / NI / N
 Eng/No: _____
 Chassis: **JM6BN22-A8H0167012**
 Gen. Cond: Good / Fair / Poor / Worst
 Steering: Ins / Lock / Jammed / Leaked / Burnt or
 Brake: Ins / Lock / Jammed / Leaked / Burnt or
 Mod: M / R / L / STC / AIR / M or
 Tyre Size: P: **205/55R16**
 RI: _____

(Policy Condition)
 Remarks: The veh has commenced its repair at the time of inspection.
 Ref. or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 BIA / PR Seen: _____ Consistent? Yes or No
 Est. Repair: **3** days Rep.: Yes or No
 Sum Sum: _____ % 3 Val.: Yes or No
 QA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT



BY / DUN / EX / NOVA / GY / FS / LIZA / MIC / OHTSV / PIR / SUMI /
 YOYO / YOKO or **Tayo**
 Front: _____ Rear: _____
 R/Sel: **4** mm R/Sel: **4** mm
 L/Sel: **4** mm U/Sel: **4** mm
 D.O.A. **5/11/21** D.O.A. **10/11/21**
 Survey hold at **TJ Car Care**
 Des. of Damages: Frt / Rear / O/S N/S / VIC / Roof/ceiling or
 The U/S / CHASSIS frame / Body structure affected due to collision

Date / Time	Action / Instruction
	MV-55K
	Estimation range of COR: \$1000-\$2000; 3 repair days.
	11/11/21 Submit PRS

11/11 Typist Prel. Report Final Report
 Days Of Repair: **3**
 Resurvey No. of Trips: **1**
 Add Fee: Site Insp (\$ _____) Interview (\$ _____) Tech. Insp (\$ _____) Weigh and (\$ _____)
 Survey Fee: _____
 Transport: _____
 S + PRS: _____
 Final: _____
 Other: _____
 Total: _____
 MER-PRS

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	08/11/2021 17:53 (SGT)
Date of Accident	05/11/2021 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD TWDS PIE CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFV3886D

INSURED POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEH LIM CHAI
NRIC No	S1220234B
Email Address	lcteh3886@gmail.com
Mobile Phone No	(Phone) +65-96220662
Alternative Phone No	+65-96220662

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110024733-02
Cover Note Number	

DRIVER

Name of Driver	TEH LIM CHAI
NRIC No	S1220234B

Date Of Birth	06/02/1956
Occupation	Indoor
Date Of Driving Pass	28/03/1977
Driving experience	44 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96220662
Alt. Phone Number	+65-96220662
Email Address	lcteh3886@gmail.com
Address	15 MIMOSA VIEW
Address complement	-
Postcode	805595
Is the driver the policyholder?	Yes
If No: Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SLJ7398L
Insurance Company of Other Vehicle Owned by Driver	India International Insurance Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
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

Name	GOH LAY PENG
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

REFER TO SKETCH PLAN

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	YQ4110D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Describe Circumstances of the Accident VEHICLE NO SFV 3886D DATE OF ACCIDENT 16/11/2011

The accident involved SFV 3886D and Y&L 41102 on the slip road along the slip road (parents to CTC) towards PIE / CTC along keeping in the right lane. Suddenly Y&L 41102 cut into my lane from the left and collided with my car. The collision caused the left side mirror of SFV 3886D to be ripped off. The left side front panel also suffered cut and dented resulting the front door unable to open.

REPORTING ONLY () OWN DAMAGE () THIRD PARTY OWN WORKSHOP ()

Declaration NOTE DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN-DAMAGE CLAIM UNDER YOUR POLICY PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

We declare the following particulars are true in every respect

CHARN'S CUSTOMCRAFT

Police Officer's Signature - Date & Time

S/11/2011
8:33 pm

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

Witnessed by Reporting Centre Registrar

SKETCH PLAN

SKETCH PLAN

VEHICLE NO SFV 3886D
DATE OF ACCIDENT 16.10.

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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

CHAIRN'S CUSTOMCRAFT
[Signature]

Policyholder's Signature / Date & Time
Time: 8:11 PM 7.10.2017
Sketch Plan

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

Witnessed by Reporting Centre Personnel



