ASS. REC. BY: REF: CS/CTI21011912/Auy3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No: SMM 2061M

at Workshop m/s

of

Insured: SJY 5789A

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMM2061M. Yr Regn: 2019 / June

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

Make: Toyota Harrier. c.c 1998

Colour Black. A/C: Insured / Std / NI / NA

Sp.Reading 84182 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTEZB3CH00J004456

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/55 R18.

R: 235/55R18.

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.	24/11/21

Survey held at Hong Auto Service.

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

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

Date / Time	Action / Instruction
	TP Claim.
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Survey Fee:

Transportation: $ + RS

Photo

Others

Report Format :

SN07..18J0004 / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME 19/11/2021 09:54 (SGT)
SUBMITTED BY Chen Jun Liang
VERSION 1 (19/11/2021 09:54 (SGT))

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	19/11/2021 09:54 (SGT)
Date of Accident	18/11/2021 17:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIMON LANE - BLISS @ KOVAN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM2061M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIN JIAN
NRIC No	S8974826G
Email Address	WANGDAHAIYING@GMAIL.COM
Mobile Phone No	(Phone) +65-97214906
Alternative Phone No	+65-97214906

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110586612-02
Cover Note Number	21/06/2021 - 20/06/2022

DRIVER

Name of Driver	HUANG HAIYING
NRIC No	S8976260Z

Date Of Birth	15/08/1989
Occupation	Indoor
Date Of Driving Pass	05/10/2017
Driving experience	4 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-92956903
Alt. Phone Number	
Email Address	WANGDAHAIYING@GMAIL.COM
Address	6 SIMON LANE #03-17
Address complement	
Postcode	546055
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHILD
Gender	Female

PASSENGER 2

Name	CHILD
Gender	Female

PASSENGER 3

Name	CHILD
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?	Yes
Reasons for not uploading a video of the accident	FRONT CAR CAMERA ANGLE FACING UPWARD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY5789A
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	GIAM HUI MIN
Contact Number	(Phone) +65-81980838
Address	2B SIMON LANE #04-11
Address complement	
Postcode	546019
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please [illegible] correctly [illegible]

2. This Form [illegible] completed by the Policyholder and/or the Authorised Driver

3. Information [illegible] truthful and accurate as possible [illegible] misrepresentation or withholding of material facts may [illegible] repudiate policy liability

4. The [illegible] 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 [illegible] established by the General Insurance Association of Singapore [illegible] available upon application by interested parties.

7. By the [illegible] report at the centre and [illegible] copies of the report being [illegible]

8. **Consent** under the Personal Data Protection Act (PDPA)

Understand [illegible]

(a) My insurer [illegible] (**GIA**) may are permitted to collect, use, disclose and/or [illegible] any other personal information provided by me [illegible] possession [illegible] ("**Personal Information**") [illegible] transfer such Personal Information to all insurers [illegible] who have insured vehicles involved in the accident shall [illegible] ("**Insurers**") [illegible] the Monetary Authority of Singapore and any relevant [illegible]

[illegible] of the claims and any necessary investigations [illegible]

[illegible] investigation [illegible]

[illegible]

[illegible] invoices, reports or notices to the [illegible] delivery of the same as well as of the external [illegible]

[illegible] with my claims (collectively, the "**Purposes**")

(b) [illegible] lawyers, law firms, may are permitted to collect, use [illegible] above Purposes; and

(c) my Personal [illegible] to third party service providers or agents [illegible] for one or more of the above Purposes

(d) my Personal [illegible] for the purpose of fraud detection, investigation and [illegible]

(e) the [illegible]

[illegible] managing fraud [illegible] purposes stated [illegible]

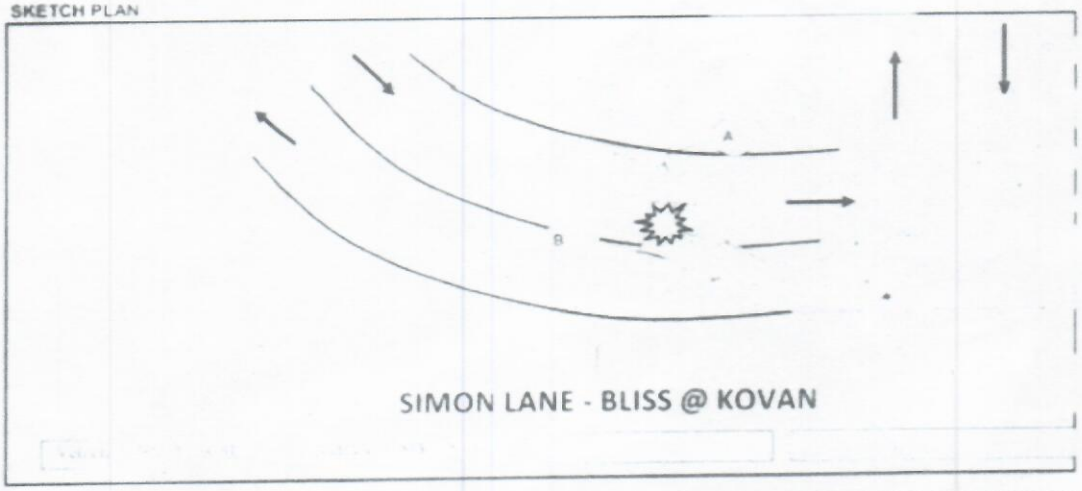
[illegible]

Policyholder's [illegible] | Date & Time

[illegible]

Reporting Centre Personnel's Signature | Name: [illegible] | NRIC [illegible]

SKETCH PLAN



DECLARATION