

REF:

CS/TP21011940/Aqc

ASS. REC. BY:

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 3 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: SDE2276J Yr Regn: 2020, Sept.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Opel Astra C.C. 1341Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 1984 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WOVBEGET2LG054093Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45R17R: 225/45R17

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

TOYO / YOKO or Continental

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 23/11/21Survey held at First AutoworkDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time	Action / Instruction
	<u>TP SMRT</u>
	<u>Final fig \$5827.20, 3 days (Red \$10225.60, 64%)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

☐ : Preli. Report

1) 15/02 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Report Format:

TP

Amount / L.B. / C.

5827.20

Days Of Repair: 3Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

7X15=105

170+105

50

50+50

80

44

549

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	15/11/2021 18:45 (SGT)
Date of Accident	13/11/2021 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDE2276J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEONG KOOI CHENG VICTOR
NRIC No	SXXXX864E
Email Address	KEONGVICTOR@GMAIL.COM
Mobile Phone No	(Phone) +65-91706328
Alternative Phone No	(Home) +65-91706328

VEHICLE PARTICULARS

Manufacturer	Opel
Model	Astra
Variant	ASTRA CVT 1.4
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	1400

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VPA/P2406806
Cover Note Number	-

DRIVER

Name of Driver	KEONG KOOI CHENG VICTOR
NRIC No	SXXXX864E

Date Of Birth	10/04/1965
Occupation	Indoor
Date Of Driving Pass	18/09/1986
Driving experience	35 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91706328
Alt. Phone Number	(Home) +65-91706328
Email Address	KEONGVICTOR@GMAIL.COM
Address	BLK 617 ANG MOK KIO AVE 4 #07-1049
Address complement	-
Postcode	560617
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN
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 REPORT

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	SHB5447G
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Brown
Vehicle Category	Taxi

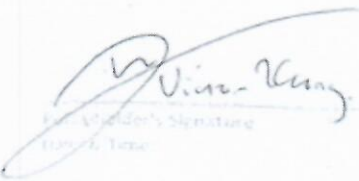
Name of Driver	NG CHOO POH
NRIC No	SXXXX084A
Contact Number	(Phone) +65-90095537
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IF YOU'RE A DRIVER

1. This form must be completed by the policyholder and the Insured Driver.
2. Information provided must be truthful and accurate, provided to the best of your knowledge and belief.
3. The name and acceptance of this form by the Insured Driver is not an admission of policy liability on the part of the insurer or reinsurer.
4. Any false reporting may be referred to the Police for investigation.
5. The report will be forwarded by the insurers to the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
6. By the lodging of this report to the insurers, you hereby consent to the archiving of this report as the evidence and to copies of the report being made available if required.
7. Consent under the Personal Data Protection Act (PDPA)

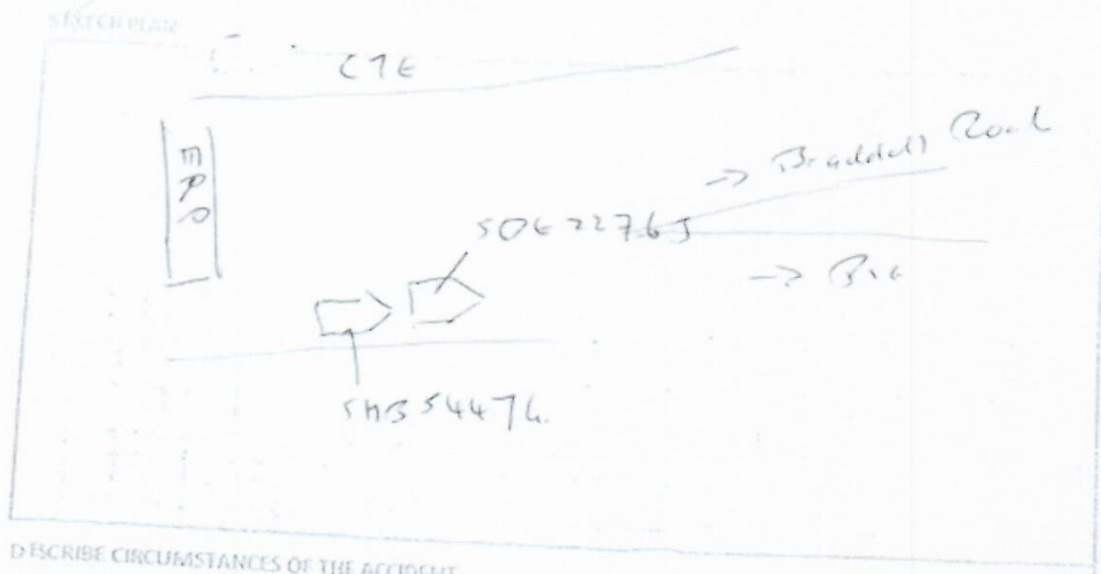
I understand, acknowledge, agree and consent that:

 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIAS") 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 insurers) 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 claim, including the settlement of the claim, and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (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/are be disclosed by any of the Insurers and/or GIAS 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;
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Insured Driver's Signature
Date: / /


Insurer's Signature
(It does not use the policyholder's
date & time)


Representative's Signature
Name:
SOP: 01/14/15



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13 Nov 2021 (Saturday) @ about 1350 hrs, I was driving my vehicle SDE 22763 Opel Astra along ^{CTD} towards the exit of Paya Lehar. The weather was clear and the traffic was heavy. I was headed towards the exit of ^{PIC} Pie. When a vehicle in front of mine braked suddenly, I stepped on my brakes. My vehicle stopped. A few seconds later, the rear of my vehicle was struck by another car. The details of the car and driver are as follows:-

(1) SHB 54476 (Toyota Prius, Smart Taxi-Moreen)

Driver:- Ng Chio Poh.

IC : 1362034A

HP : 90095537

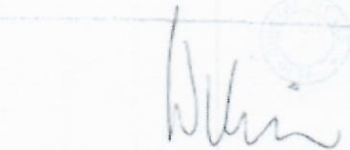
We had a Malay female passenger in this taxi. No injuries were reported and we parked our vehicles at the split section of the slip road.

DECLARATION

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


Driver's Signature
Date: 13 Nov 2021


Officer's Signature
If driver is not the police holder
Date: 13 Nov 2021


Officer's Signature
If driver is not the police holder
Date: 13 Nov 2021