

ASS. REC. BY:

REF:

CS/SMR21012057/Auf3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SMV 6409X

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: SHC 4860Y

Policy No. \_\_\_\_\_

Claims No. TAX/11/21/2053

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SMV6409XRegn: 2020, octType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Lexus NX300 c.c. 1998Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 28604 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTJBARBZ905020723Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_Tyre Size: F: 225/60R18R: 225/60R18

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. \_\_\_\_\_ D.O.I. 29/11/21Survey held at RyderDes. 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

Confirmed P/P \$2907.90, 3 repair days

(RED \$4437.90; 60%)

MV:

PV:

Nett:

Date/Time, File Pass to?



: Preli. Report

1) 16/12 TYPIST



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 2

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Format: TPLump Sum / P.P. \$ \$2907.90

## 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	27/11/2021 11:33 (SGT)
Date of Accident	26/11/2021 15:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE TUNNEL TOWARDS SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV6409X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BUSWAYS PTE LTD
Company Reg No	200808897E
Email Address	edmund.thoo@busways.com.sg
Mobile Phone No	(Phone) +65-92210989
Alternative Phone No	+65-92210989

#### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	NX300 5DR SUV (AT)(4WD) EXECUTIVE
Variant	-
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	Commercial vehicle
Transmission	Auto
CC	1998

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SP2000594613-01
Cover Note Number	13/10/2021 TO 12/10/2022

#### DRIVER

Name of Driver	THOO THAT KHEONG
NRIC No	S1305968C

Date Of Birth	13/12/1958
Occupation	Indoor
Date Of Driving Pass	14/06/1980
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92210989
Alt. Phone Number	-
Email Address	edmund.thoo@busways.com.sg
Address	APT BLK 160 PASIR RIS ST 13 #08-89 (S) 510160
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 WITH ATTACHED.

#### 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	SHC4860Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) .....	-

## INJURED PERSONS DETAILS

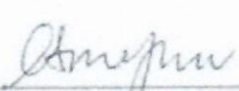

### INJURED 1

Name of injured person .....	THOO THAT KHEONG
Gender .....	Male
Phone No .....	(Phone) +65-92210989
Address .....	APT BLK 160 PASIR RIS ST 13 #08-89 (S) 510160
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMV6409X
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

# SKETCH PLAN

## 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. 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' 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.

  Policyholder's Signature / Date & Time	  Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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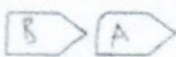
Sketch Plan

CTE TUNNEL TOWARDS SLE

\_\_\_\_\_ A5MV6409X

\_\_\_\_\_ B: 5H1C49604

\_\_\_\_\_





Describe Circumstances of the Accident

I WAS TRAVELLING ALONG CTE TUNNEL TOWARDS SLE ON LANE 1. SUDDENLY  
VEHICLE B REAR ENDED MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 Policyholder's Signature / Date & Time	  Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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