

ASS. REC. BY:

REP:

### 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 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: SLD508P Yr Regn: 2016, May

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

Truck / Trailer or

Make: Mazda 3 c.c. 1496

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 60132 T/Radio: Insured / Std / NI / NA

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

C/No: JM6BM42A8G0337894

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: 205/60R16

R: 205/60R16

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

TOYO / YOKO or Tourador

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 06/12/21

Survey held at YSK

Des. 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 AIG.</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

: Preli. Report  
 : Final Report

Days Of Repair: \_\_\_\_\_

1) \_\_\_\_\_  
Date/Time, File Return to?

Resurvey No. of Trip: \_\_\_\_\_

2) \_\_\_\_\_

Arld Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

3-1/2 \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

Report Format: \_\_\_\_\_

## 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	01/12/2021 13:53 (SGT)
Date of Accident	30/11/2021 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BEDOK NORTH AVE 3
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD508P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PEH YAM HIN
NRIC No	S1316295F
Email Address	CHUCKPEH@GMAIL.COM
Mobile Phone No	(Phone) +65-91866465
Alternative Phone No	+65-91866465

#### 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	1500

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121598048
Cover Note Number	drivo CLASSIC

#### DRIVER

Name of Driver	PEH CHUN CHIEK
NRIC No	S8818790C

Date Of Birth	08/06/1988
Occupation	Indoor
Date Of Driving Pass	07/04/2009
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92345914
Alt. Phone Number	-
Email Address	CHUCKPEH@GMAIL.COM
Address	BLK 718 #10-81 PASIR RIS STREET 72
Address complement	-
Postcode	510718
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	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 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	SDR1721D
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE
Contact Number	(Phone) +65-92736289
Address	-
Address complement	-

Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... 3

PASSENGER 1

Name ..... PASSENGER  
 Gender ..... Female

PASSENGER 2

Name ..... PASSENGER  
 Gender ..... Female

Информация о пострадавшем			
№	Имя	Пол	Возраст
1	Иванов Иван Иванович	Муж	35
2	Петров Петр Петрович	Муж	42
3	Сидорова Анна Александровна	Жен	28
4	Сидорова Анна Александровна	Жен	28
5	Сидорова Анна Александровна	Жен	28
Информация о водителе			
№	Имя	Пол	Возраст
1	Сидорова Анна Александровна	Жен	28
2	Сидорова Анна Александровна	Жен	28
3	Сидорова Анна Александровна	Жен	28
Информация о свидетелях			
№	Имя	Пол	Возраст
1	Сидорова Анна Александровна	Жен	28
2	Сидорова Анна Александровна	Жен	28
3	Сидорова Анна Александровна	Жен	28

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 01.12.2021 13:40

Report No: MT

D.O.A: 30.11.2021  
Time: 14:30 hrs

Vehicle No: SLD508P Reporting Type:

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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5. **Any false reporting may be referred to the Police for investigation.**
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7. By the lodgment 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' 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.
- (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.

01.12.21 / 13:40

Policyholder's Signature / Date & Time

*[Signature]*

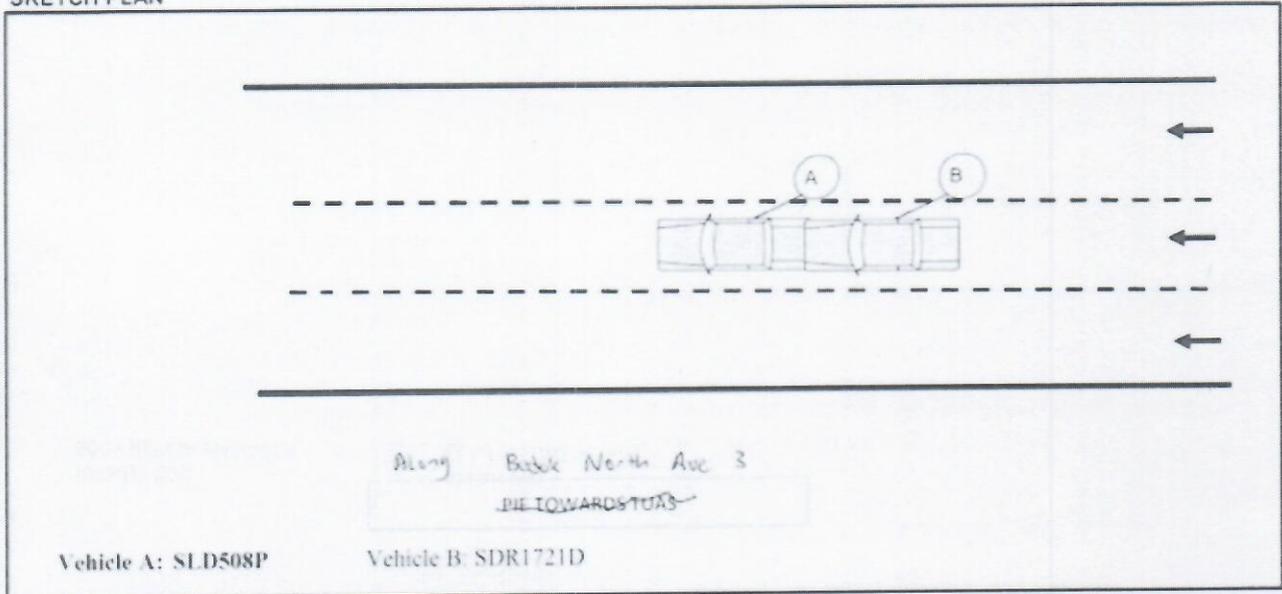
01.12.21 / 13:40

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

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle Infront of me stopped and I follow suits. Suddenly when I slow down and came to a stopped, vehicle B which was behind of me collided to my rear. The impact caused my rear bumper damaged. After whicfi both drivers alighted to assess the damage, took some photos and exchange particulars. No one was injured in this accident.

Declaration

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

01/12/21 / 13:40  
 Policyholder's Signature / Date & Time

*[Signature]* 01/12/21 / 13:40  
 Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
 Ganesh (S993561)  
 Customer Care Executive  
 Motor Service Centre  
 Witnessed by Reporting Centre Personnel