

ASS. REC. BY:

REF:

CS/CTI21012369/Aqy3

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. **SNM21D207063/C02**

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: **6** 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: **SMZ9857U** Yr Regn: **2021 / May.**

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

Truck / Trailer or

Make: **Honda Vezel** C.C. **1496**

Colour: **White** A/C: Insured / Std / NI / NA

Sp. Reading: **1517.** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **RU11328893** *

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: **215/60R16.**

R: **215/60R16.**

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. **07/12/21.**

*Survey held at **JK**

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
	TP Chiam
10/12/21@3.30pm	Informed Adeline Chng, we are pending for estimate from repairer.
27/01/22@11.30am	revised to Billy Tan via Merimen.
	MV:
	PV:
	Nett:
	LS \$6100, 6 days (Red \$17848.96, 75%)

Date/Time, File Pass to?

☐

Preli. Report

1) 27/01 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: **6**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

3 + RS, SI

Photos

Others

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Inve (\$

☐ Weekend (\$

Report Form:

MER-TP

LS \$6100

SINGAPORE ACCIDENT STATEMENT

Accident Date: 6/12/2021	Time: 11:35hr	(hh:mm) 24 hr format
Location CTE (City) After Ang Mo Kio Ave 1 Exit		
Vehicle Number SMZ9857U		
Insured Name Ma Zhen		
NRIC / FIN S7684977C	Contact Number 9618 5691	
Make Honda	Model Vezel	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company NTUC		
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 5122180657		
Name of Driver		(<input checked="" type="checkbox"/>) Same as Insured
NRIC / FIN -	Contact Number -	
Date of Birth 20/10/1976		
Driving Pass Date 26 Jan 2021		
Occupation (<input checked="" type="checkbox"/>) Indoor () Outdoor		
Gender () Male (<input checked="" type="checkbox"/>) Female		
Email Address bumblebbb8888@gmail.com		() NO EMAIL
Address of Driver 26 Bukit Batok East Avenue 2 #17-03 (S) 659920		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B	GBK6101X	
Veh C		
Veh D		
Veh E		
Veh F		

* Driver Only

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' 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.

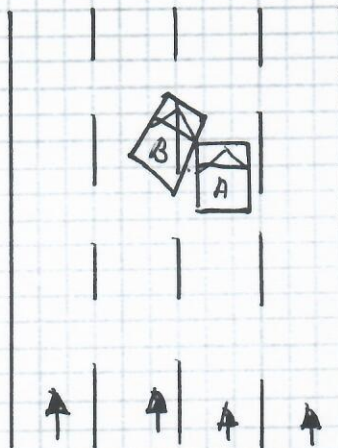
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

veh A: SMZ 98574
veh B: GRK 6101X



Describe Circumstances of the Accident

Attached


70

Denton

Declaration

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


Policyholder's Signature / Date &
Time


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

Witnessed by Reporting Centre
Personnel

ON THE STATED DATE AND TIME. I , VEHICLE A
(SMZ9857U) WAS TRAVELLING STRAIGHT ON THE
STATED VENUE. SUDDENLY VEHICLE B CUT INTO MY
LANE AND COLLIDED ONTO MY VEHICLE LEFT
PORTION.

VEHICLE A : SMZ9857U

VEHICLE B : GBK6101X

A handwritten signature in black ink, consisting of stylized, overlapping loops and lines, positioned to the right of the vehicle information.