

Kenneth

CS3/ASM21013300/Kvy3

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: SHB 4811U

Policy No. _____

Claims No. S1M03PLV

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 8110K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: EB 2288D Yr Regn: 11, 20

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

Truck / Trailer or

Make: Toy Prius c.c. 1798

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 64534 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JT D7S3 EU X0 J080005

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Front

R/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 28/12/21

Rear

R/Bal. 9 mm

L/Bal. 9 mm

D.O.I. 29/12/2021

Survey held at

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

N/S body & u/c

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

Date / Time Action / Instruction

1 EPT not ready

30/3/22 Repair range \$6,000-\$8,000

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

Date/Time, File Return to?

30/3/22-typist

Report Format :

Lump Sum / I.B.I. (\$)

Days Of Repair: 6

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

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	29/12/2021 10:31 (SGT)
Date of Accident	28/12/2021 08:26 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BESIDE BLK 46 BENDEMEER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **EB2288D**

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA KOK BENG
NRIC No	SXXXX085J
Email Address	louis8822@gmail.com
Mobile Phone No	(Phone) +65-88996325
Alternative Phone No	+65-88996325

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS PLUS
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	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MQ004743
Cover Note Number	-

DRIVER

Name of Driver	YAU TOW YONG
NRIC No	SXXXX715G

SKETCH PLAN

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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.
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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 a/cresaid.

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 making 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

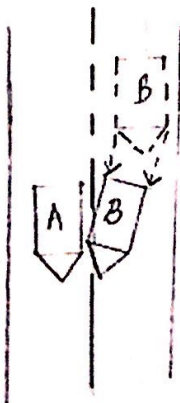
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time 28-12-21

Witnessed by Reporting Centre Personnel



R049181
EB2288D
15
29.12.21 12:18



EB2288D

Factory Japan 2021.0.1 : Toyota : Prius Alpha : ZVW40W

Front : Left

Front : Right

Actual	Before	Specified Range
-3°19'	-3°19'	-0°55' 0°35'
3°15'	3°15'	5°10' 6°40'
0°04'	0°04'	0°00' 0°11'
15°50'	15°50'	11°25' 12°55'
12°30'	12°30'	10°30' 13°30'

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Actual	Before	Specified Range
-0°06'	-0°06'	-0°55' 0°35'
3°24'	3°24'	5°10' 6°40'
-0°09'	-0°09'	0°00' 0°11'
12°42'	12°42'	11°25' 12°55'
12°36'	12°36'	10°30' 13°30'

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	Before	Specified Range
-3°14'	-3°13'	
-0°08'	-0°08'	
3°08'	3°07'	
-0°05'	-0°05'	0°00' 0°21'

Rear : Left

Rear : Right

Actual	Before	Specified Range
-3°33'	-3°32'	-1°55' -0°55'
-0°20'	-0°20'	-0°03' 0°13'

Camber
Toe

Actual	Before	Specified Range
-1°47'	-1°47'	-1°55' -0°55'
-0°01'	-0°01'	-0°03' 0°13'

Rear

Cross Camber
Total Toe
Thrust Angle
Axle Offset

Actual	Before	Specified Range
-1°46'	-1°45'	
-0°21'	-0°21'	-0°05' 0°26'
-0°09'	-0°09'	
0mm	0mm	