

ISS. REC. BY:

REF: CS/SMR22000200/Avf3

**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: **SHF 237H**

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

Claims No. **TAX/01/22/2011**

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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: **SLE7S80M** Yr Regn: **2016, May.**

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

Truck / Trailer or

Make: **Toyota Sienta** C.C. **1796**

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

Sp. Reading: **78799** T/Radio: Insured / Std / NI / NA

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

C/No: **NSP1707013891**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **185/60R15**

R: **185/60R15**

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. **5/1/2022** D.O.I. **06/01/22.**

Survey held at **Automobile Hub.**

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                                |
|---------------|---|
|               | <b>TP 1st Copy.</b>                                 |
| <b>1/3/22</b> | <b>Adrian informed LS \$3800 (Red 5761.60, 60%)</b> |
|               | <b>MV :</b>   |
|               | <b>PV :</b>   |
|               | <b>Nett :</b>                                       |

Date/Time, File Pass to?  : Preli. Report

1)  : Final Report

Date/Time, File Return to?

2) **2/3/22-typist**

Report Format: **TP**

Lump Sum / Fee: **\$3800**

Days Of Repair: **4**

Resurvey No. of Trip: **2**

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Tech. Inve (\$)

: Weekend (\$)

Survey Fee:

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

8 + PS \$1

Photos

Others

|  |
|--|
|  |
|  |
|  |
|  |
|  |

# 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              | 05/01/2022 16:43 (SGT) |
| Date of Accident                | 05/01/2022 12:30 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | ALONG JLN BAHAR        |
| Country/State of Loss           | Singapore              |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLC7580M |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | WONG CHOI YUEN       |
| NRIC No                  | S6922381H            |
| Email Address            | AUTOHUB325@GMAIL.COM |
| Mobile Phone No          | (Phone) +65-98774394 |
| Alternative Phone No     | (Home) +65-98774394  |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Sienta                    |
| 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 hire              |
| Transmission   | Auto                      |
| CC   | 0                         |

### INSURANCE COMPANY

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | Comprehensive                          |
| Fleet Policy              | No                                     |
| Policy Number             | 5124054981                             |
| Cover Note Number         | -                                      |

### DRIVER

|                |                |
|----------------|----------------|
| Name of Driver | WONG CHOI YUEN |
| NRIC No        | S6922381H      |

|  |                                   |
|--|-----------------------------------|
| Date Of Birth  | 15/06/1969                        |
| Occupation   | Outdoor                           |
| Date Of Driving Pass   | 03/09/1996                        |
| Driving experience   | 25 YEARS AND 4 MONTHS             |
| Gender   | Female                            |
| Mobile Number  | (Phone) +65-98774394              |
| Alt. Phone Number  | (Home) +65-98774394               |
| Email Address  | AUTOHUB325@GMAIL.COM              |
| Address  | BLK 272D JURONG WEST ST 24 #06-22 |
| Address complement   | -                                 |
| Postcode   | 644272                            |
| 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   | Chain Collision |
| Weather Conditions | Clear           |
| Road Surface       | Dry             |

OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 5   |
| 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)   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

PASSENGER 1

|        |           |
|--------|-----------|
| Name   | PASSENGER |
| Gender | Male      |

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 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 | SHF237H |
| 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) ..... -

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number ..... SLM8371R  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 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) ..... -

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number ..... SDX1730X  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 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) ..... -

**DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number ..... GBG24X  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 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) ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

You should correctly state the details of the accident to speed up the claims process.  
 This Form must be completed by the Policyholder and/or the Authorized Driver.  
 The information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may constitute an offence to repudiate policy liability.  
 The use and existence of this Form by insurance companies is not an admission of policy liability on the part of the insurance company.

This report may be referred to the Police for investigation.  
 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.  
 In the event of the report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report to be made available as aforesaid.

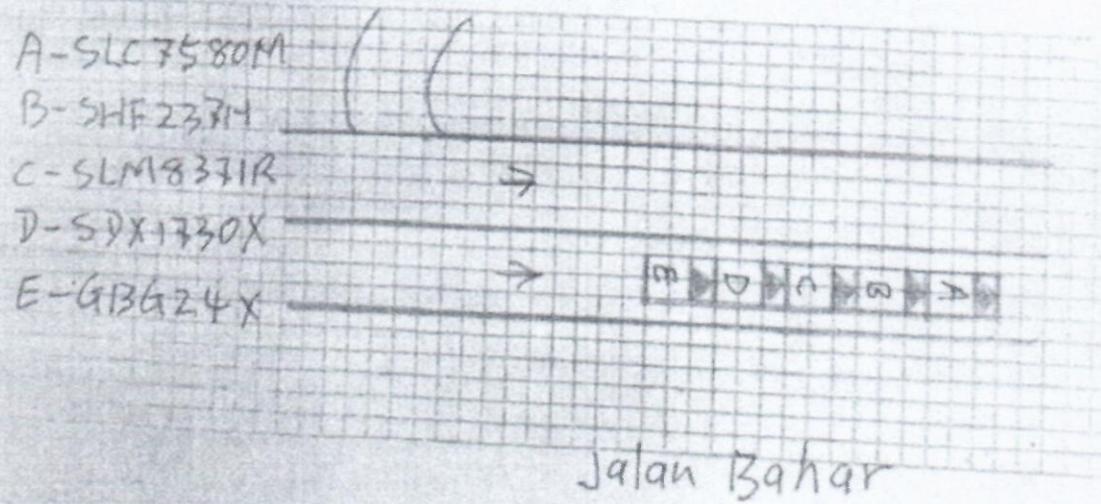
**Consent under the Personal Data Protection Act (PDPA)**  
 I hereby acknowledge, agree and consent that the Insurers, my working and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and process my personal data/personal information set out in this [form] and any other personal information provided by me or collected 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 referred to as the "Insurers"), the Insurers' lawyers/law firms, the Ministry Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:  
 - handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the accident and/or my claims;  
 - handling and/or dealing with my instructions or responding to any enquiries by me;  
 - handling my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve the use of my own personal data about me to bring about delivery of the same as well as on the external cover of my vehicle(s)).

Doing with applicable law in administering, processing, handling and/or dealing with my claims.  
 For the "Purposes".  
 Insurers 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  
 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.

A  
 Policyholder's Signature / Date & Time

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

SHUYI  
 Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

on 5th January 12:30 PM, I was travelling at  
Jalan Bahar. Suddenly the vehicle in front stop.  
I stop. Then The vehicle behind hit on the rear  
of my car.

## Declaration

I hereby declare the foregoing particulars are true in every respect.

X A  
Policyholder's Signature / Date &  
Time

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

SHUYI

Witnessed by Reporting Centre  
Personnel