

ASS. REC. BY:

REF:

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 Rpt: _____ 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: SMM1910U Yr Regn: 2019, JuneType: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Florida Civic C.C. 1597Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 51813 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHFC5650KT000320Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/55R16R: 215/55R16BS / 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. 08/02/22Survey held at Hua MengDes. 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 MSLG

MV:

PV:

Nett:

Date/Time, File Pass to?



: Preli. Report



: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

S + RS. \$ _____

Photos

Others

Report Form 1:

Lump Sum / L.B.:

TIME OF ACCIDENT	0950 AM / PM
LOCATION OF ACCIDENT	PIE (TPE) twds Tampines Ave 7
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <u>PRIVATE USE</u> PRIVATE HIRE
NAME OF OWNER	Mohamad Noor Bin Mohd Email: noorsa156@hotmail.com
TELP NO	Mobile: 91715424 Office: Home:
NRIC	S1201393J
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY
FLEET POLICY:	YES / <u>NO</u> ?
INSURANCE CO.	NTUC
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	5122070325
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:
NRIC	S1201393J
DATE OF BIRTH	13 / 08 / 1956
ANY PASSENGER	YES / <u>NO</u> :
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / <u>Indoor</u>
DATE OF DRIVING PASS	29 / 05 / 1982
GENDER	<u>Male</u> / Female
CONTACT NO.	Mobile: 91715424 Office: Home:
EMAIL:	noorsa156@hotmail.com
ADDRESS	Blk 497B Tampines Street 45 #05-16 S (521497)
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No. INSURER:
RELATIONSHIP	Employee / If No: <u>Owner</u>
WEATHER CONDITION	<u>Clear</u> / Raining / Other:
ROAD SURFACE	<u>Dry</u> / Wet / Other:
ANY INJURIES	<u>No</u> / If yes: Who?
CONTACT NO.	
POLICE REPORT	<u>No</u> / If yes: Where?
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?
VEHICLE B NO.	FBS8857T Any Passenger: -
NAME	Peh Yong Soon (S9629525A)
CONTACT NO.	97529844
VEHICLE C NO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE E NO.	Any Passenger:
VEHICLE F NO.	Any Passenger:
ANY WITNESS	
WITNESS CONTACT NO.	
WAS THERE ANY VIDEO CAPTURE?	<u>YES</u> / NO
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO

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

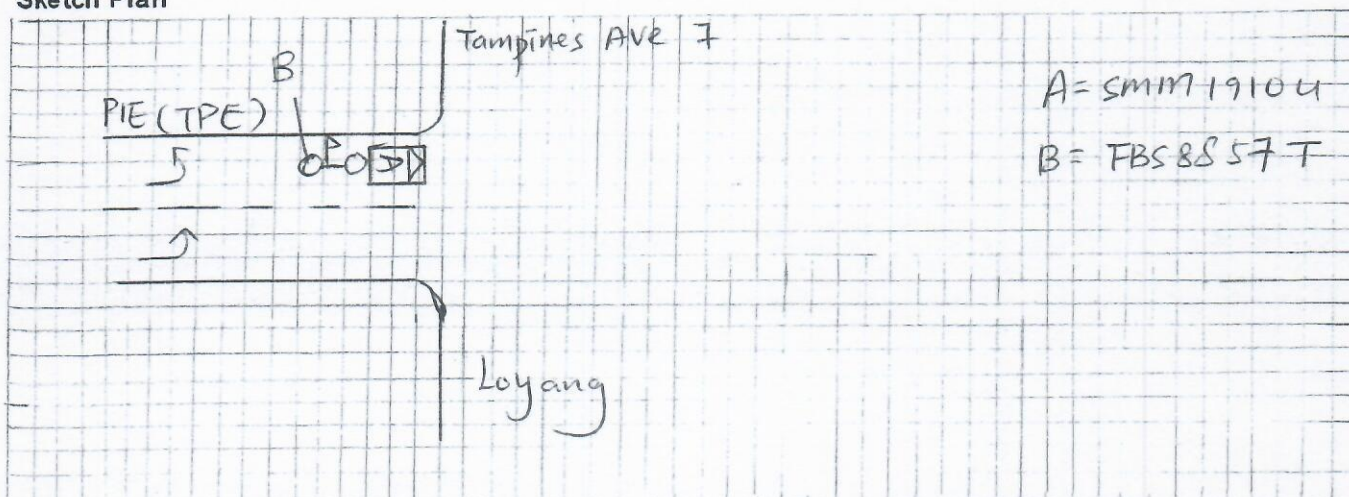
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



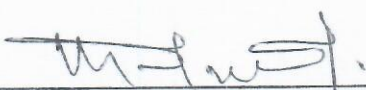
Describe Circumstances of the Accident

I driving along PIE (TPE) twds Tampines Ave 7 on 27-01-2022 @
0950 hours. Traffic was slow moving. I stationary my vehicle to
look for the out coming vehicle before turn left to Tampines Ave 7.
Suddenly, I feel an impact from my rear. The motor bike (B)
collided onto rear portion of my vehicle.

Declaration

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