

ASS. REG. BY:

REF:

ASM/ 22 001065/kv

HERBERT

ASSIGNMENT

From:

Date:

Estimated Cost:

OO/TP/WS/TP RES/OO 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.

Bal. or Market Value: 899k

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

EH NOT READY

Date/Time, File Pass to?

☐: Prell. Report

1)

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

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

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Report Format:

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

Veh No:

SMX 950C Yr Regn: 12, 20

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

Truck / Trailer or

Make:

Honda Vezel c.g. 1496

Colour

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

Sp. Reading

32638 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RUI 1309952

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 215/60R16

R:

BS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

7 mm

R/Bal.

mm

L/Bal.

7 mm

L/Bal.

mm

D.O.A.

26/1/22

D.O.I.

7/2/2022

Survey held at

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

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

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 27/01/2022 13:39 (SGT)
Date of Accident 26/01/2022 19:25 (SGT)
Exact Location of Accident Sunview Way, Singapore
Additional Location Information SUNVIEW WAY JUNCTION OF PIONEER RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX950C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NGOOI LAY LENG
NRIC No SXXXX043F
Email Address kangsongliang12@gmail.com
Mobile Phone No (Phone) +65-97461467
Alternative Phone No +65-97461467

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
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 5123830852
Cover Note Number 5123830852

DRIVER

Name of Driver KANG SONG LIANG
NRIC No SXXXX104B

SKETCH PLAN

IMPORTANT NOTICE

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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 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 be 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 be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

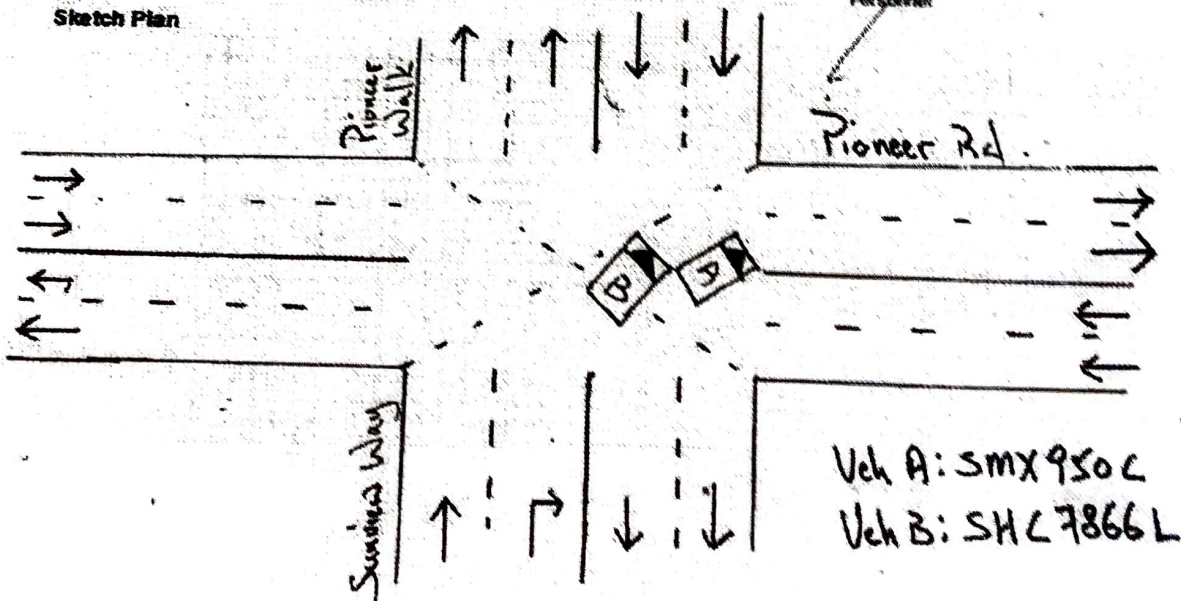
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

Sketch Plan

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

[Signature]
Witnessed by Reporting Centre Personnel

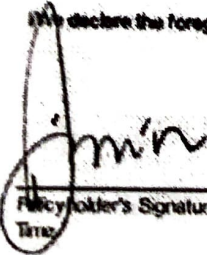


The Circumstances of the Accident

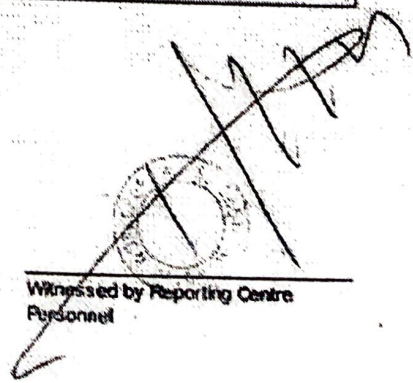
On 26/1/2022 @ approx 1925hrs, I was travelling along Sunview Way towards Pioneer Walk. As I was turning right into Pioneer Rd, I stopped at the junction to give way to the pedestrian crossing the road. Suddenly, I felt an impact from the rear of my vehicle. I got out of my vehicle and realised that veh(3) SHC 7866L had collided into my vehicle rear portion.

Declaration

I 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