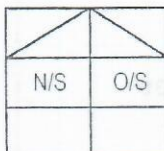


CS/CTI22001233/Aqy3

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. **SNM22D200938/C02**
 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: _____
 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
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Veh No: **GBJ8151T** Yr Regn: **2019 / Sept**
 Type: M.Car / M.Cycle / Bus / **Van** / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Nissan NV200** C.C. **1597**
 Colour: **Silver** A/C: Insured / Std / NI / NA
 Sp. Reading: **87406** T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: **VM20129887**
 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: **175/70R14C**
 R: **175/70R14C**
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Wind force**
 Front _____ Rear _____
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. _____ D.O.I. **09/02/22**
 Survey held at **HD Perfect**
 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 China
11/02/22@4.25pm	Informed Billy Tan, we are pending for estimate from repairer.
30/06/22@5.28pm	revised to Billy Tan via Merimen.
	MV :
	PV :
	Nett :
	LS \$5000, 6 days. (Red \$18075.13, 78%)

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

1) 30/06 Typist

2)

Report Format: **MER-TP**

Lump Sum / **5000**

Days Of Repair: **6**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Insp (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

SINGAPORE ACCIDENT STATEMENT

Accident Date: 6/2/2022	Time: 15:55hr	(hh:mm) 24 hr format
Location AYE (TMS) before Clementi Ave 2 Exit		
Vehicle Number GBS 8151T		
Insured Name ODr (Singapore) Pte Ltd		
NRIC / FIN 201301798N	Contact Number	-
Make Nissan	Model NV200	
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 HUL		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number 5112393946-02		
Name of Driver Chen Wei		() Same as Insured
NRIC / FIN S2771616D	Contact Number	96542485
Date of Birth 23/8/1967		
Driving Pass Date 30 mar 2009		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address abc8627e@gmail.com		() NO EMAIL
Address of Driver 211 Toa Payoh Lor S 712-02 (S) 319458		
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () No		
If No, Relationship of the Driver with the Insured		
() 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 () Clear (<input checked="" type="checkbox"/>) Raining () Others		
Road Surface () Dry (<input checked="" type="checkbox"/>) 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 () No		
If yes, injured detail DRW (GBS 8151T)		
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	GBK 521G	
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")

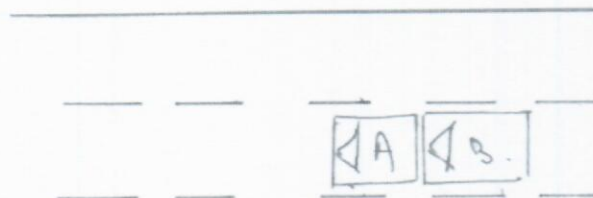
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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



Vehicle A: GBJ8151T
Vehicle B: GBK521G

AYE turns T-junction before Chennett Ave 2 Bkt.

Describe Circumstances of the Accident

On the stated date & time, I, vehicle 'A' was travelling along the stated route. Due to front vehicle slow down & stopped, I followed suit. Could not stop in time. Moment later, vehicle 'B' hit my vehicle rear portion.

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