

REF: CS/CTI22001234/Avy3

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: **SGX 914D**

Policy No. **DMHCSNW00008152100**

Claims No. **SNM22D200907/C02/TANKW**

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **GBG2779M** Yr Regn: **2017 July**

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

Truck / Trailer or

Make: **Toyota Dyna** c.c. **2982**

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

Sp. Reading: **158056** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JTFAT35750K208026**

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: **155 R15C** **Habitat**

R: **155 R15C** **Lingam**

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **ob** mm R/Bal. **ob** mm

L/Bal. **ob** mm L/Bal. **ob** mm

D.O.A. **30/1/2022** D.O.I. **09/02/22**

*Survey held at **NSI**

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 Chire
9/5/22	Adrian informed LS \$3800 (red 3646.44, 48%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2) **10/5/22-typist**

Days Of Repair: **5**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

\$ + PS \$

Photos

Others

Report Format: **Merimen**

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

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend (\$

VEHICLE NO: GB62779m	MAKE & MODEL: Toyota Dyna	AUTO / MANUAL: AUTO
DATE OF ACCIDENT: 30/01/2022	CC: 3.0	
TIME OF ACCIDENT: 1317 HRS		
LOCATION OF ACCIDENT: Quarry rd towards Jalan Bukit Merah before SPC		
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		Petrol
NAME OF OWNER: DABSYN Contractor's Pte Ltd		Station
TEL NO: 8437 5674	H/P: 8437 5674	OFFICE: 8437 5674 HOME: UEN: 202142157m
NRIC: 8437 5674		
ADDRESS: H8 Lower Delta rd #10-17 The Geo Crescent S(160048)		
EMAIL: KTPANI1981@yahoo.com		
CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY: YES / NO?		
INSURANCE COMPANY: NTUC		
TYPE OF COVERAGE: Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO: 5125249493		
NAME OF DRIVER: AS ABOVE / IF NO: Kuppasamy Dhandayuthapani		
NRIC: 67214094U		ANY PASSENGER: N.A.
DATE OF BIRTH: 29/06/1981		LICENCE PASSED DATE: 18/02/2009
OCCUPATION: OUTDOOR / INDOOR		
GENDER: MALE / FEMALE		
CONTACT NO: H/P: 8687 6742	OFFICE: AS above	HOME: N.A.
ADDRESS: AS above		
EMAIL: N.A.		
DOES DRIVER OWNED ANY VEHICLE: NO / IF YES, REG NO:		INSURER: Employee Friend Wife company.
RELATIONSHIP: Employee Friend Wife company.		
WEATHER CONDITION: CLEAR / RAINING / OTHERS:		
ROAD SURFACE: DRY / WET / OTHER:		
ANY INJURIES: NO / IF YES, WHO?		
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT: NO / IF YES, WHERE?		
NOTICE OF INTENDED PROSECUTION GIVEN? NO / IF YES, WHO?		
VEHICLE B REG NO: SGX 9140		ANY PASSENGERS: 1
NAME OF DRIVER: Manfred Ong Ze Qian		CONTACT NO: 9720 6559
VEHICLE C REG NO:		ANY PASSENGERS:
VEHICLE D REG NO:		ANY PASSENGERS:
VEHICLE E REG NO:		ANY PASSENGERS:
VEHICLE F REG NO:		ANY PASSENGERS:
VEHICLE G REG NO:		ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:
VAS THERE ANY VIDEO CAPTURE? YES / NO		
VAS THERE ANY AUDIO RECORDED? YES / NO		
ACCIDENT SCENE PHOTOS TAKEN? YES / NO		
ACCIDENT PORTION: Rear portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO		
WORKSHOP PARTICULAR: N-51 Automotive Pte Ltd		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: Jim Ming		
AX NO: 67410510		
WORKSHOP EMAIL: sales@n51.com.sg		

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

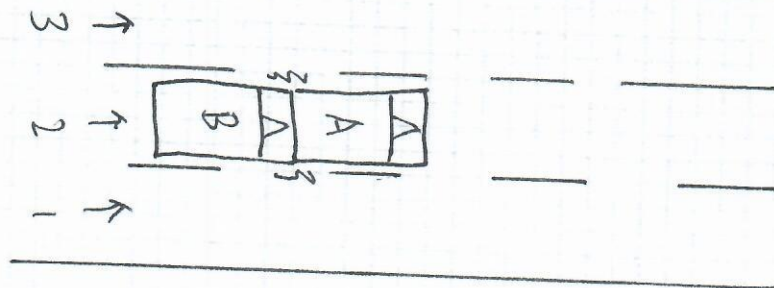
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Queenway rd towards Jalan Bukit merah rd. -

(SPL Petrol Station)



A - G8G 2779M

B - 8Gx914D.

Describe Circumstances of the Accident

As per above date and time, I was driving GB62779m along Queensway rd towards Jalan Bukit merah on the center lane. Somewhere before SPK petrol station, my vehicle was stopped due traffic light ahead was red. Out of sudden, I felt an impact from the rear. I alighted and discovered veh(B) SGX 9140 from portion collided onto my vehicle rear portion. We exchanged particulars and left the scene.

Veh A - GB62779m

Veh B - SGX 9140.

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