

Ass. Rec. By:

REF: CS/CTI22001582/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: **SKW 7431S**Policy No. **DMPCSNW00095362101**Claims No. **SNM22D201221/C02/TANCHC**

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: **SMZ76SOL** Yr Regn: **2021 / May**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Hyundai Avante** C.C. **1598**Colour: **Grey** A/C: **Insured / Std / NI / NA**Sp. Reading: **62347** T/Radio: **Insured / Std / NI / NA**

Eng/No: _____

C/No: **KMHLN41ETXU184773**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil / S/Rim** STD A/Rim orTyre Size: F: **205/55R16**R: **205/55R16**

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **16/2/2022**D.O.I. **18/02/22**

Survey held at

Automobile HubDes. 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 Chins
1/3/22	Adrian informed LS \$2450 (Red 4618.80, 65%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) **2/3/22-typist**Days Of Repair: **3**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + PS. SI

Photos

Others

Report Format: **Merimen**Lump Sum / Fee: **\$2450**Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

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	17/02/2022 19:33 (SGT)
Date of Accident	16/02/2022 08:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 248 BANGKIT RD CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ7650L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SG VEHICLE RENTAL PRIVATE LIMITED
Company Reg No	2XXXXX198R
Email Address	AUTOHUB325@GMAIL.COOM
Mobile Phone No	(Phone) +65-96659069
Alternative Phone No	+65-96659069

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5112882742-02
Cover Note Number	-

DRIVER

Name of Driver	STEVEN TAN CHECK YEN
NRIC No	SXXXX201G

Date Of Birth	28/06/1971
Occupation	Outdoor
Date Of Driving Pass	05/05/2021
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96659069
Alt. Phone Number	-
Email Address	AUTOHUB325@GMAIL.COM
Address	91 LOR 3 TOA PAYOH #07-18
Address complement	-
Postcode	310091
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

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	SKW7431S
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)	-

Describe Circumstances of the Accident

On 16 Feb, 2022, around 845am at 248 Bangkit Rd Carpark the weather was raining and wet. My vehicle was reversing into the handicapped lot due to a light passenger car SLK was on 2 walking stick. There was this vehicle car SLK 7431S blocking from me from entering the handicapped lot. I honked at the car and the car move forward to let me enter the handicapped lot. Halfway reversing, I stopped my car to check behind if there's any body behind my car. All of sudden, the vehicle SLK 7431S hit on my driver side.

Declaration

I declare the foregoing particulars are true in every respect.



Reporting Center's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Center Personnel

SKETCH PLAN

IMPORTANT NOTICE

This report contains the details of the accident to speed up the claims process.
 The report must be completed by the Policyholder and/or the Authorised Driver.
 The report must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may be deemed to repudiate policy liability.
 The use and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurers.
 Any claim reporting may be referred to the Police for investigation.
 The report will be stored 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.
 By submitting this report to the insurers, you hereby consent to the archiving of this report at the centre and to access of the report by the insurers.

Consent under the Personal Data Protection Act (PDPA)
 I, the Insured, acknowledge, agree and consent that:
 My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use and process my personal data/personal information set out in this form and any other personal information provided by me or disclosed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers and all insured vehicle(s) involved in the accident (all insurers 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the accident;
 - investigating the accident and/or my claims;
 - settling, adjusting and/or dealing with my instructions or responding to any enquiries by me;
 - administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could include the mailing of correspondence about me to bring about delivery of the same as well as on the external cover of envelopes);
 - complying with applicable law in administering, processing, handling and/or dealing with my claims;
 - for the "Purposes";
 - and Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms may be permitted to collect, use and process my Personal Information for one or more of the above Purposes; and
 - my Personal Information may 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

