

ASS. REC. BY:

REF: CS/AGI22001625/Avf3

## 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: **SNB 7452G**

Policy No. \_\_\_\_\_

Claims No. **C1001394/KY**

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: **SLG 680H** Yr Regn: **2016 / Sept.**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Nissan Note** C.C. **1198**Colour: **Silver** A/C: Insured / Std / NI / NASp. Reading: **137818** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **JNITBAE1220982524**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: Nil / **S/Rim** / STD A/Rim orTyre Size: F: **185/65 R15**R: **185/65 R15**

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

TOYO / YOKO or

**Falken**

Front

Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **18/2/2022**D.O.I. **21/02/22**

Survey held at

**Automobile Hub.**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                             |
|---------------|--------------------------------------------------|
|               | <b>TP Budget Direct.</b>                         |
| <b>1/3/22</b> | <b>Adrian informed LS \$4850 (Red 3958, 44%)</b> |
|               | <b>MV :</b>                                      |
|               | <b>PV :</b>                                      |
|               | <b>Nett :</b>                                    |

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2) **3/3/22-typist**Days Of Repair: **6**Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

Report Format: **TP**Lump Sum / LBI: **LS \$4850**

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

) \$ + RS \$

) Photos

) Others



## 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              | 19/02/2022 12:23 (SGT) |
| Date of Accident                | 18/02/2022 15:20 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | CHOA CHU KANG AVE 3    |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SLG680H |
|-----------------------------|---------|

#### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | TANG KWAI LENG       |
| NRIC No                  | S1200643H            |
| Email Address            | AUTOHUB325@GMAIL.COM |
| Mobile Phone No          | (Phone) +65-96200187 |
| Alternative Phone No     | +65-96200187         |

#### VEHICLE PARTICULARS

|                                                                              |                           |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer                                                                 | Nissan                    |
| Model                                                                        | Note                      |
| 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             | 5094028766-04                          |
| Cover Note Number         | -                                      |

#### DRIVER

|                |                |
|----------------|----------------|
| Name of Driver | TANG KWAI LENG |
| NRIC No        | S1200643H      |



|                                                              |                          |
|--------------------------------------------------------------|--------------------------|
| Date Of Birth                                                | 09/09/1956               |
| Occupation                                                   | Outdoor                  |
| Date Of Driving Pass                                         | 22/08/2019               |
| Driving experience                                           | 2 YEARS AND 6 MONTHS     |
| Gender                                                       | Female                   |
| Mobile Number                                                | (Phone) +65-96200187     |
| Alt. Phone Number                                            | +65-96200187             |
| Email Address                                                | AUTOHUB325@GMAIL.COM     |
| Address                                                      | 13 TELOK KURAU RD #02-07 |
| Address complement                                           | -                        |
| Postcode                                                     | 423912                   |
| Is the driver the policyholder?                              | Yes                      |
| If No, Relationship of the Driver with the Insured           | -                        |
| 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 | Clear                    |
| Road Surface       | Dry                      |

#### 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?                                                                | Yes |
| Was any injured conveyed to hospital by ambulance?                                                  | No  |
| Was any other vehicle or property damaged?                                                          | Yes |
| Number of Passengers (Including Driver)                                                             | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Male    |

#### 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 | SNB7452G    |
| 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)     | - |

## INJURED PERSONS DETAILS

### INJURED 1

|                                                     |                |
|-----------------------------------------------------|----------------|
| Name of injured person                              | TANG KWAI LENG |
| Gender                                              | Female         |
| Phone No                                            | -              |
| Address                                             | -              |
| Address Complement                                  | -              |
| Post Code                                           | -              |
| Approximate Age Years Old                           | -              |
| Injuries Sustained                                  | -              |
| Injured person in which vehicle?                    | SLG680H        |
| Were seat belts worn?                               | Yes            |
| Was this injured conveyed to hospital by ambulance? | No             |

### INJURED 2

|                                                     |         |
|-----------------------------------------------------|---------|
| Name of injured person                              | UNKOWN  |
| Gender                                              | Male    |
| Phone No                                            | -       |
| Address                                             | -       |
| Address Complement                                  | -       |
| Post Code                                           | -       |
| Approximate Age Years Old                           | -       |
| Injuries Sustained                                  | -       |
| Injured person in which vehicle?                    | SLG680H |
| Were seat belts worn?                               | Yes     |
| Was this injured conveyed to hospital by ambulance? | No      |

Describe Circumstances of the Accident

I was on Chao Chu Kang Avenue 3, and waiting on slip road to turn left onto Chao Chu Kang Way, ~~then~~ and checking for on-coming traffic, <sup>coming from</sup> ~~my~~ right.

Suddenly, vehicle SNB 7452G hit my car very hard on the back.

Declaration

(We declare the foregoing particulars are true in every respect.)

X

Policyholder's Signature / Date & Time

*Handwritten signature*

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

*Handwritten signature*

Witnessed by Reporting Centre Personnel

# SKETCH PLAN

## IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver.

Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may lead insurance companies to repudiate policy liability.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

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.

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.

**Consent under the Personal Data Protection Act (PDPA)**

I, the undersigned, acknowledge, agree and consent that:

1. My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose or process my personal data/personal information set out in this (form) and any other personal information provided by me or supplied by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) and/or 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:

2. Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

3. Investigating the accident and/or my claims;

4. Carrying out and/or dealing with my instructions of responding to any enquiries by me;

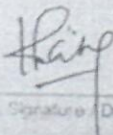
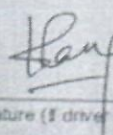
5. Administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail envelopes); and/or

6. Complying with applicable law in administering, processing, handling and/or dealing with my claims.

7. For the "Purposes")

8. My 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

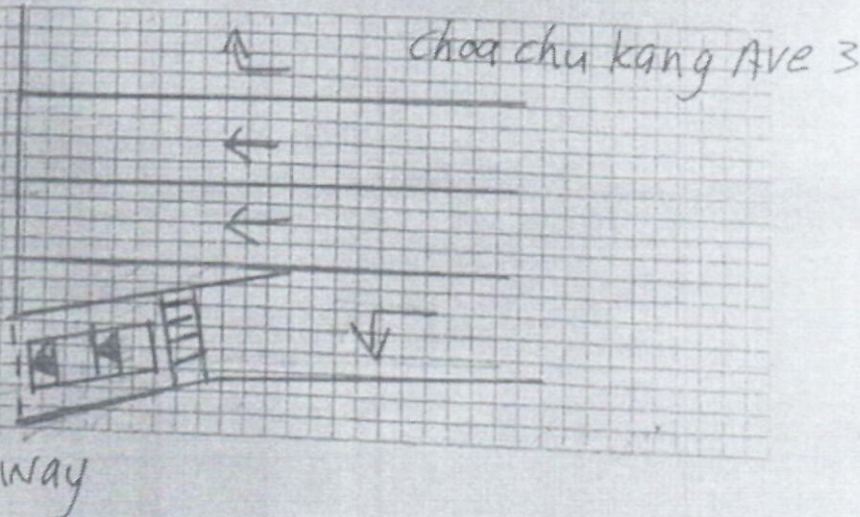
9. My Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

|                                                                                                                               |                                                                                                                                                             |                                         |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <br>Policyholder's Signature / Date & Time | <br>Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|

Sketch Plan

A-SLG 680H

B-SNB 7452A



choa chu kang Ave 3

choa chu kang way