

REF: CS/CTI22002237/Aty3

Ass. Filed By:

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. _____
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 Rport: _____ 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: SJ64842E Yr Regn: 2008 July
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Toyota Picnic C.C. 1998
Colour: Green A/C: Insured / Std / NI / NA
Sp. Reading: 269281 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: JTEGH23B800025725
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or _____
Brake: Inorder / Jammed / Leaked / Burnt or _____
Modi: Nil / S/Rim / STD A/Rim or _____
Tyre Size: F: 215/50R17
R: 215/50R17
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Rotalla
Front _____ Rear _____
R/Bal. 06 mm R/Bal. 06 mm
L/Bal. 06 mm L/Bal. 06 mm
D.O.A. _____ D.O.I. 09/03/22
Survey held at Sin Yu Sin
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front n/s.
The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP China</u>
	<u>LOE Exping: 01/07/28.</u>
	LUMP SUM \$1900, 4DAYS
	MV: RED: 4733.25;71%
	PV:
	Nett:

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

1) _____

Date/Time, File Return to? _____

2) _____

Report Format: _____

Days Of Repair: **4**

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____) : Interview (\$ _____) : Tech. Invs (\$ _____)

Survey Fee: _____

Transportation: _____

_____ S + RS, _____ SI

Photos _____

Other _____

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	03/03/2022 16:20 (SGT)
Date of Accident	02/03/2022 18:42 (SGT)
Exact Location of Accident	Buangkok Green, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG4842E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN PENG CHUAN
NRIC No	SXXXX490Z
Email Address	PCTAN@65GMAIL.COM
Mobile Phone No	(Phone) +65-96497454
Alternative Phone No	+65-96497454

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Picnic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MT/00812779/01
Cover Note Number	-

DRIVER

Name of Driver	TAN PENG CHUAN
NRIC No	SXXXX490Z

Date Of Birth	06/01/1965
Occupation	Indoor
Date Of Driving Pass	26/10/1988
Driving experience	33 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96497454
Alt. Phone Number	+65-96497454
Email Address	PCTAN@65GMAIL.COM
Address	454 HOUGANG AVE 10 #01-479
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBL3667U
Insurance Company of Other Vehicle Owned by Driver	Direct Asia Insurance (Singapore) Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	DRIZZLING
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 SKETCH.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX2956Z
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) -

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

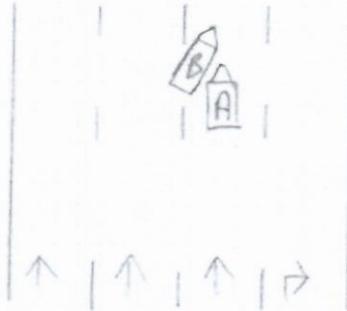

 Policyholder's Signature
 Date & Time:


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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN

Duangkok Green Rd



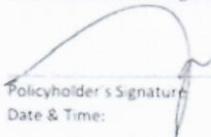
A - S3G 4842E
B - SMX 2956Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving home towards Duangkok Green Rd suddenly a silver car cut across the my lane resulting a collision on my left side of the front vehicle.

DECLARATION

I/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:

Reporting Centre Personnel's Signature: 
Name:
NRIC/FIN No.: