

ASS. REC. BY: Steve

REF: CS3/LPC22001235/eqf3

PRS

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. 21/22/22/VC00/025441
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: GBF6427H Yr Regn: 10/1/17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Proace o.c. 2982
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 106509 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JTFHT02P900213069
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NII / S/Rim / STD / Rim or
 Tyre Size: F: 195R15C
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
XXX	XXX

Bal. or Market Value: _____
 IDAC Accident Report: _____ 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

Front Rear
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. 4 mm L/Bal. 4 mm
 D.O.A. 8/2/22 D.O.I. 10/2/22
 Survey held at _____
 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
	MIV-51K Repair range 3k-4k 5 days
10/02/22	Submit PRS.
23/03/22	Submit LS \$4750. 6 days (Red \$2750, 37%)

Date/Time, File Pass to? : Prell. Report
 : Final Report
 1) 23/03 Typist
 Date/Time, File Return to?
 2) _____

Days Of Repair: 6
 Resurvey No. of Trip: _____

Report Format : TP
 Lump Sum H.B.H: (\$ 4750)

Add Fee:

<input type="checkbox"/>	: Site Insp (\$ _____)) \$ + RS. \$
<input type="checkbox"/>	: Interview (\$ _____)	
<input type="checkbox"/>	: Tech. Invs (\$ _____)	
<input type="checkbox"/>	: Weekend (\$ _____)	

Survey Fee:
 Transportation:
 Photos
 Others
 TOTAL

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	09/02/2022 11:47 (SGT)
Date of Accident	08/02/2022 11:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF6427H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SOLUTION AIRCON @ ENGINEERING PTE LTD
Company Reg No	2XXXXX168E
Email Address	JAMESPINCHOW@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98161170
Alternative Phone No	+65-98161170

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5110442124
Cover Note Number	-

DRIVER

Name of Driver	CHOW SHIOK SHEONG
NRIC No	SXXXX668F

Date Of Birth	10/11/1961
Occupation	Outdoor
Date Of Driving Pass	19/02/1982
Driving experience	40 YEARS
Gender	Male
Mobile Number	(Phone) +65-98161170
Alt. Phone Number	"
Email Address	JAMESPINCHOW@YAHOO.COM.SG
Address	BLK 871A TAMPINES STREET 84
Address complement	#02-23
Postcode	521871
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HEIN PYAE TUN
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH INSURED
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2371P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

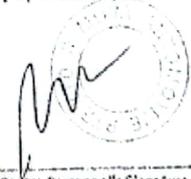
Vehicle Registration Number	GBD9704Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

1. Please report correctly the details of this accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The filing 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 report 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 lodging 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/are 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: 9/2/2022 9am	  Driver's Signature (if driver is not the policyholder) Date & Time: 9/2/2022 9am	 Reporting Centre Personnel's Signature Name: (NIC/PAN No.):
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Accident Report Form 17

Bukit Timah Road

SKETCH PLAN

3 2 1



- A GBF 6427H
- B GBJ 2371P
- C GBD 9704Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 08.03.2022 about 1125, I was driving company van GBF 6427H along Bukit Timah Road. I keep a safety distance from vehicle in front.

When come to nearby SPC Petrol station. Traffic in front slow down. I manage to brake. Unfortunately vehicles behind bang into my van rear.

Luckily nobody injured. Myself and colleagues feel uncomfortable. We might go for doctor consultation.

Important:
 You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's signature
 Date & Time 9/2/2022
 9am



[Signature]
 Driver's Signature
 (if driver not the policyholder)
 Date & Time 9/2/22
 9am

V-Tech Auto Service
[Signature]
 Reporting Centre Personnel's Signature
 Name:
 Hic/Fin No.