

Ass. Fld. BY:

REF: CS/CTI22002631/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: **GBG 2499X**

Policy No. **DMCVSNA00118162102**

Claims No. **SNM22D201886/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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: **SMR4811B.** Yr Regn: **2020 / Jan.**

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

Truck / Trailer or

Make: **Toyota Sienta** C.C. **1496**

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

Sp. Reading: **59046** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **NHP1707174269**

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: **215/40 R17.**

R: **215/40 R17.**

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. **17/3/2022** D.O.I. **22/03/22.**

Survey held at **Kang.**

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 Chinn.
24/5/22	Adrian informed LS \$2400 (red 1901.21, 44%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 24/5/22-typist

Report Format : Merimen

Final Sum / L.P. : LS \$2400

Days Of Repair: **4**

Resurvey No. of Trip: **1**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

Survey Fee:

Transportation:

☐ S + RS. \$1

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	18/03/2022 11:50 (SGT)
Date of Accident	17/03/2022 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Prinsep Street
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR4811B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Mohamad Siddique Bin Mohd Hussain
NRIC No	SXXXX615E
Email Address	mohamadsiddique@ymail.com
Mobile Phone No	(Phone) +65-93277636
Alternative Phone No	+65-93277636

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124073744
Cover Note Number	-

DRIVER

Name of Driver	Mohamad Siddique Bin Mohd Hussain
NRIC No	SXXXX615E

Date Of Birth	28/08/1975
Occupation	Indoor
Date Of Driving Pass	26/04/1995
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93277636
Alt. Phone Number	+65-93277636
Email Address	mohamadsiddique@ymail.com
Address	Blk 245 Tampines Street 21 #08-315
Address complement	-
Postcode	521245
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 - Change/cross lane
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?	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

I was driving my vehicle SMR4811B along Prinsep Street when the lorry GBG2499X on my left lane suddenly swerved into my lane and hit onto my vehicle's front left portion, causing damage.

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	GBG2499X
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	Miah Md Iman
Passport No/FIN	GXXXX376U
Contact Number	(Phone) +65-85352540

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 3

PASSENGER 1

Name Unknown
Gender Male

PASSENGER 2

Name Unknown
Gender Male

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.
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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)

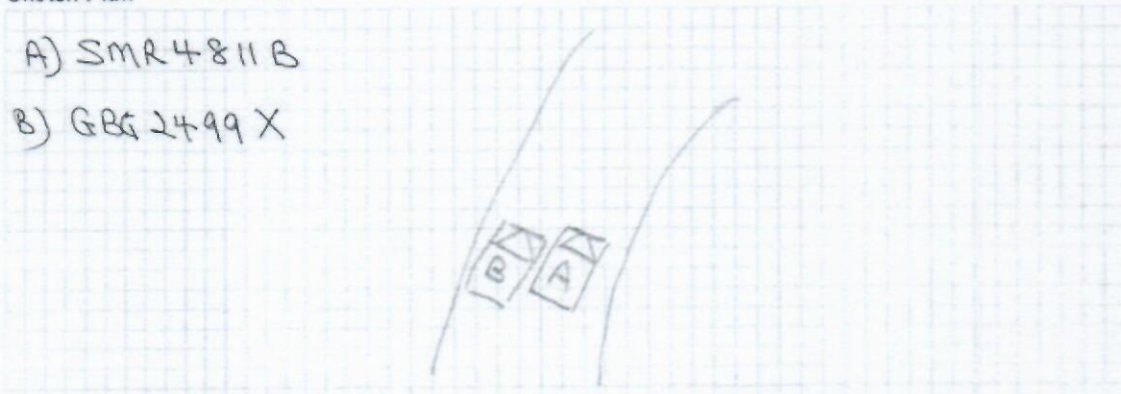
I understand, acknowledge, agree and consent that:

- (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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time
 18/3/2022
 Sketch Plan 11-25 am

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

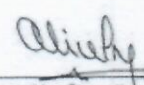
I was driving my vehicle SMA 4811B along
Prinsep Street when the lorry GBG 2499X
on my left lane suddenly swerved into my lane
and hit onto my vehicle's front left portion,
causing damage.

Declaration

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


Policyholder's Signature / Date &
Time 18/3/2022
11.25am

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


Witnessed by Reporting Centre
Personnel