

ASS. REC. BY:

REF:

3
CS/ASM 22 00 2678/EVC

PRS

ASSIGNMENT

Front: _____ Date: _____

Estimated Cost: _____

OD / TP / RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SNB 1022D

Policy No. _____

Claims No. S2M03V4H

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

Bel. or Market Value: _____

IDAC Accident Report: _____ 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: FBS 5428T Yr Regn: 28/5/21

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

Truck / Trailer or

Make: Honda NSS300A c.c. 279

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

Sp. Reading: 9758 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: M L H N F 0790 J 5000 882

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 120/70-15

R: 140/70-14

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

TOYO / YOKO or .

Front

R/Bal. 4 mm

L/Bal. mm

D.O.A. 5/3/22

Survey held at Speedway

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
	MV-14K Repair range 3K-4K 3 days
28/3/22	Submit PRS, repair range \$3,000-\$4,000

Date/Time, File Pass to?

☐

: Prelim. Report

: Final Report

Date/Time, File Return to?

2) 28/3/22-typist

Report Format: _____

Lump Sum / L.B. (\$) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____
S + RS. \$ _____

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	15/03/2022 16:08 (SGT)
Date of Accident	05/03/2022 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Superbowl Jurong Open Space Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS5428T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG TIAN FENG
NRIC No	S8985215C
Email Address	tf.chong1989@gmail.com
Mobile Phone No	(Phone) +65-93259688
Alternative Phone No	+65-92359688

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Forza 300
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	Motorcycle
Transmission	Auto
CC	280

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5122339856
Cover Note Number	-

DRIVER

Name of Driver	CHONG TIAN FENG
NRIC No	S8985215C

complement
Insurance Company Name
Fire Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Date Of Birth 23/05/1989
Occupation Indoor
Date Of Driver Pass 18/07/2019
Driving experience 2 YEARS AND 8 MONTHS
Gender Male
Mobile Number (Phone) +65-93259688
Alt. Phone Number +65-92359688
Email Address tf.chong1989@gmail.com
Address APT BLK 321 JURONG EAST STREET 31
Address complement #06-108
Postcode S600321
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 Collided into Parked Vehicle
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) 0
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 to sketch plan

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 SNB1022D
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver MUSTAFFA TAY KIM CHIEW
NRIC No S1667578D
Contact Number (Phone) +65-91357732
Address -

complement
ode
rance Company Name
ature Of Damage
etails of property damaged in accident
No. Of Passenger (Including Driver)

2
2
4
4
4
1

SKETCH PLAN

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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 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 **cancel 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 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 issuing of correspondence, statements, inspection reports or notices to me, which could involve disclosure of certain personal data about me to being about identity of the same as well as on the external cover of envelope(s)/box(es)/package(s); 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 used by them for one or more of the above purposes;
- (d) my Personal Information will also be collected and used to complete claims settlement 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 party as may be involved in detecting, 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 other orders.

Policyholder's Signature

Date & Time: 01/03/2023
1555 hrs

Insurer's Signature

(If done by the policyholder)

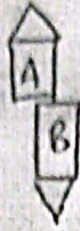
Date & Time

Reporting Centre Personnel's Signature

Name: Eugene Lee
NRIC/ID No: S271803

SKETCH PLAN

Super bowl Jurney



A: FR5542RT

B: ~~SHB~~

SHB 1022 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my vehicle in front of Sheng wing superbowl Jurney, suddenly vehicle B ^{to} ~~went~~ reverse and collided onto my vehicle and subsequently my vehicle fell on the right.

DECLARATION

I/we declare the foregoing particulars are true in every respect

Policyholder's Signature

Date & Time: 15/05/2021

1555 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Person's Signature

Name: Eugene Lee

ARREST NO: 5991825

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNO7223 F002 Vehicle Registration No: FR55428T
 Name (as shown in NRIC) Cheng Tian Feng NRIC/FIN/Passport No: S 8185215 C
 (* Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Apt RUC 321, Jurong East Street 31, #06-107 Singapore (600221)
 Contact (Tel): _____ Mobile No.: 92359688
 Email Address: tf.cheng1984@gmail.com
 Date of Accident: 05/03/2022 Time of Accident: 1300 hrs
 Place of Accident: Superbow1 Jurong open Space Corporate
 Insurance Company: NTUC Income Insurance

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To change from FR55413T to FR55428T

Policyholder / Driver's Signature
 Date: 15/03/2022

Reporting Centre Personnel's Signature
 Name: Eugene Lee
 NRIC/FIN No: S8815217 C
 Date: 15/03/2022