

Ass. File No. BY:

REF: CS/UOI22003500/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: **SKT 3027T**

Policy No. _____

Claims No. **M12D18222205**

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: **SJG3330Y** Yr Regn: **2008, Sept**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Vios** C.C. **1497**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **203387** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **MR0S3HY9305076253**Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModif: Nil / S/Rim / STD A/Rim orTyre Size: F: **185/60R15**R: **185/60R15**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **13/4/2022** D.O.I. **18/04/22**Survey held at **SM**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear N/S.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP UOI
23/5/22	Adrian informed LS \$3700 (red 6307.13, 63%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report
Days Of Repair: **5**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + RS. \$1

Photos

Others

Date/Time, File Return to?

2) **24/5/22-typist**Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)Report Format: **TP**

LS \$3700

Sm- UOI
- Lkk-Adrian

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	14/04/2022 17:07 (SGT)
Date of Accident	13/04/2022 13:50 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	TWDS YIO CHU KANG PETROL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG3330Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TIFFANIE TEO SHU FEN
NRIC No	S8529996D
Email Address	tiffanie.teo@gmail.com
Mobile Phone No	(Phone) +65-91553118
Alternative Phone No	+65-91553118

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA137626
Cover Note Number	-

DRIVER

Name of Driver	TIFFANIE TEO SHU FEN
NRIC No	S8529996D

Date Of Birth	01/10/1985
Occupation	Indoor
Date Of Driving Pass	30/06/2004
Driving experience	17 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91553118
Alt. Phone Number	+65-91553118
Email Address	tiffanie.teo@gmail.com
Address	8D GERALD CRESCENT
Address complement	-
Postcode	799707
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 - Major/Minor Rd
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)	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 STRAIGHT ALONG YIO CHU KANG ROAD TOWARDS YIO CHU KANG ROAD PETROL STATION ON EXTREME LEFT LANE OF 3 LANES. SUDDENLY, I FELT AN IMPACT. VEHICLE B DASHED OUT FROM THE SLIP ROAD OF ANG MO KIO AVE 5 AND IGNORED THE STOP LINE WITHOUT CHECKING MAIN ROAD TRAFFIC AND COLLIDED ONTO THE LEFT REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES.

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	SKT3027T
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TIFFANIE TEO SHU FEN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJG3330Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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' 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.

[Signature]

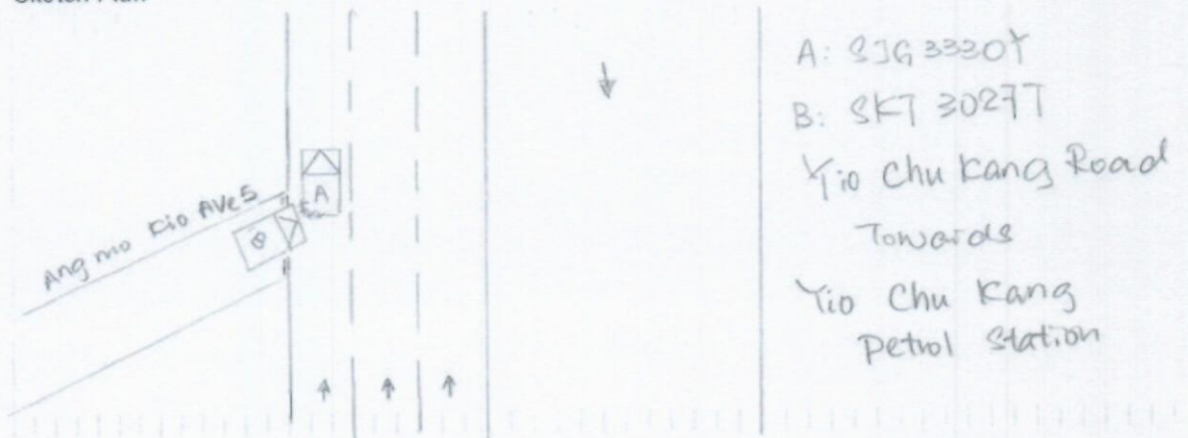
Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along Yio Chu Kang Road towards Yio Chu Kang Road petrol station extreme left lane of 3 lanes.

Suddenly, I felt an impact.

Veh "b" dashed out from the slip road of Ang Mo Kio Ave 5 and ignored the stop line without checking main road traffic and collided into the left rear portion of my vehicle and caused damages.

Heo

DECLARATION

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

Heo

Policyholder's Signature
Date & Time:

Heo

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

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