

ASS. FEO. BY:

REP:

CS/CTI22003725/Aqy3

### 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. **SNM22D202585/C02**

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: **4** days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: **GBK4426Y** Yr Regn: **2020 / July**

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

Truck / Trailer or

Make: **Nissan NV200** C.C. **1597**

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

Sp.Reading: **40706** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **VM20157135** \*

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

Modi: **Nil** / S/Rim / STD A/Rim or

Tyre Size: F: **165/80R14**

R: **165/80R14**

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. \_\_\_\_\_ D.O.I. **25/04/22**

Survey held at **X/51**

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
	<b>TP China.</b>
<b>12/05/22@5.52pm</b>	<b>revised to Jacqueline Tan via Merimen.</b>
	<b>LS \$3100, 4 days. (Red \$3881.45, 97%)</b>
	<b>MV:</b>
	<b>PV:</b>
	<b>Nett:</b>

Date/Time, File Pass to?



: Preli. Report

1) **13/05 Typist**



: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: **4**

Resurvey No. of Trip: **1**

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Inve (\$

Survey Fee:

Transportation:

☐ 3 + RS. \$

☐ Photos

☐ Others

Report Format: **MER-TP**

Limit 2000 / 3100

3100



## 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	18/04/2022 16:04 (SGT)
Date of Accident	15/04/2022 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RAFFLES QUAY JUNCTION CROSS STREET
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK4426Y
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AJS AUTO LEASING PTE LTD
Company Reg No	202027985G
Email Address	likemax4@hotmail.com
Mobile Phone No	(Phone) +65-91166658
Alternative Phone No	+65-91166658

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV200 VANETTE DX 1.6 AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1597

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121810174
Cover Note Number	19/04/2021 TO 28/07/2022

#### DRIVER

Name of Driver	NG CHEE PENG
Work Permit No	G2102605R



Date Of Birth	13/11/1995
Occupation	Outdoor
Date Of Driving Pass	02/02/2016
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83362468
Alt. Phone Number	-
Email Address	cheepeng3939@gmail.com
Address	BLK 349 UBI AVE 1 #12-1039 (S) 400349
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 Property
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	SIM YI XIANG DARREN
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 WITH ATTACHED.

#### 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	SJX2229A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver ..... ONG ZE JU  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... NG CHEE PENG  
Gender ..... Male  
Phone No ..... (Phone) +65-83362468  
Address ..... BLK 349 UBI AVE 1 #12-1039 (S) 400349  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... MOUNT ALVERNIA  
Injured person in which vehicle? ..... GBK4426Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

#### INJURED 2

Name of injured person ..... SIM YI XIANG DARREN  
Gender ..... Male  
Phone No ..... (Phone) +65-98306312  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... MOUNT ALVERNIA  
Injured person in which vehicle? ..... GBK4426Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -




# SKETCH PLAN

## IMPORTANT NOTICE

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

11-05  
18/4/22

**Policyholder's Signature**  **Date & Time**

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

**Witnessed by Reporting Centre Personnel**

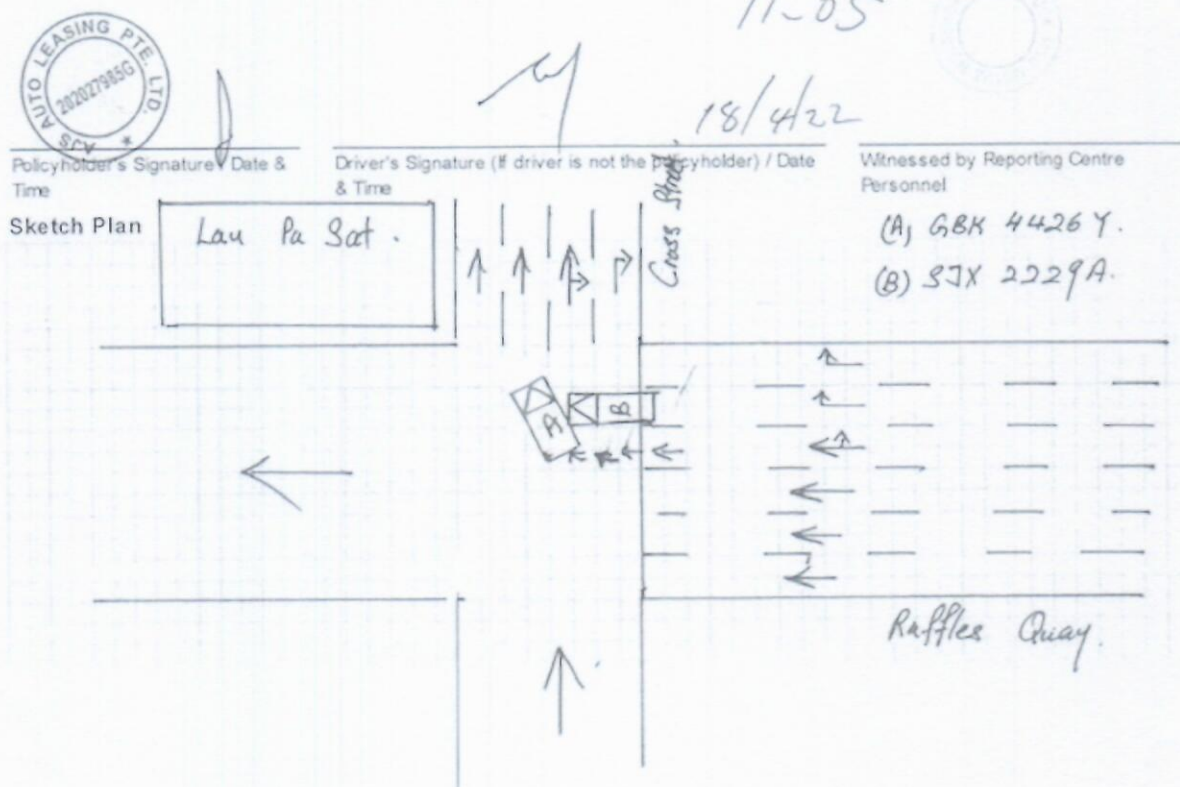
**Sketch Plan**

Lau Pa Sot.

Choo Street

Raffles Quay.

(A) GBK 4426 Y.  
(B) SJX 2229 A.



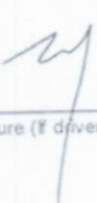
Describe Circumstances of the Accident

On 15/04/2022 at @ 1420 hrs. I was travelling in my vehicle (6BK 4426Y) along Raffles Quay on the 3rd lane from the right. While approaching the junction of Cross Street, I switched on my right signal and proceed to make the right turn. While making the right turn, a car (SJX 2229A) on my right (suppose to only turn right) travel straight and collided onto the right rear side of my vehicle.

Declaration

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

11-05  
18/4/22

  
Witnessed by Reporting Centre Personnel