

ASS. FEO. BY:

REF:

CS/CTI22003956/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. **SNM22D202861/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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: **5** 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: **G3D2061R.** Yr Regn: **2014 / July.**

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

Truck / Trailer or

Make: **Fiat Doblo** c.c. **1598**Colour: **White.** A/C: Insured / Std / NI / NASp. Reading: **121302** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **ZFA26300006167058**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orMod: **Nil** S/Rim / STD A/Rim orTyre Size: F: **195/60R16C.**R: **185/60R16C.**

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

TOYO / YOKO or **Anxite.**

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. _____ D.O.I. **28/04/22.**Survey held at **Kui Mst.**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 China.

21/07/22@5.10pm revised to Adeline Chng via Merimen.

LS \$3400, 5 days (Red \$3233.68, 49%)

MV:

PV:

Nett:

Date/Time, File Pass to?



: Preli. Report

1) 21/07 Typist



: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: **5**

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

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

3 + RS. SI

Photos

Others

Report Format:

MER-TP

1. Number of Pages: 11 P. 10/11

LS \$3400

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	21/04/2022 16:11 (SGT)
Date of Accident	19/04/2022 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EUNOS CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2061R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG HOCK HIN
NRIC No	S1584730A
Email Address	NGHOCKHIN@GMAIL.COM
Mobile Phone No	(Phone) +65-98183532
Alternative Phone No	+65-98183532

VEHICLE PARTICULARS

Manufacturer	Fiat
Model	Doblo
Variant	CARGO
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	3000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5125599550
Cover Note Number	26/01/2022 - 28/01/2023

DRIVER

Date Of Birth	26/05/1963
Occupation	Outdoor
Date Of Driving Pass	03/06/1983
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98183532
Alt. Phone Number	+65-98183532
Email Address	NGHOCKHIN@GMAIL.COM
Address	BLK 122C SENGKANG EAST WAY #13-27
Address complement	-
Postcode	543122
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	Hit and run / Vandalism / Damaged whilst parked
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	YN319L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

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)	-

NRIC/INCOME TAX/SALES TAX/OTHER

19422

Vehicle No.

GSD2061R

Report Date: 21/4/2022 Start Time: 3:32 PM

Report No. ME

D.O.A.

Make Model

Fiat Dublo

Reporting Type

TP

End Time

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;
- (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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders;

21/4/2022 15:52

21/4/2022 15:52

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

SKETCH PLAN

EUNOS CRESCENT OSCP

Vehicle A: GBD2061R Vehicle B: YN319L

REFER TO POLICE REPORT

DECLARATION

(We declare that the foregoing particulars are true in every respect.)

21/4/2022 15:52

Policyholder's Signature
Date & Time:

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

21/4/2022 15:52

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765