

ASS. REC. BY:

REF:

CS/AGI22004259/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. **C10015109/CD**

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: **3** 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: **SM96835C** Yr Regn: **2018, Dec.**Type **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Nissan Note** c.c. **1198**Colour **Grey.** A/C: Insured / Std / NI / NASp. Reading **63443** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JNITAAED20982543**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **185/65R15**R: **185/65R15**

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. _____ D.O.I. **06/05/22**Survey held at **SM**Des. of Damages: **Fit** / 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 Budget Direct
	LS \$2700, 3 days. (Red \$3661.55, 58%)
	mv :
	PV :
	Nett :
	4646.

Date/Time, File Pass to?

☐ : Preli. Report1) **15/06 Typist**☐ : Final Report

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$Days Of Repair: **3**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Report Format: **TP**

SKETCH PLAN

Qm- Budget Direct
- LKK

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' 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.

6/2/11
Policyholder's Signature / Date & Time

6/2/11
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMG 683SC
B: SMU 8472D



Describe Circumstances of the Accident

MY VEHICLE WAS TRAVELLING ALONG OSCP OF JALAN SEH CHUAN
AFTER ENTERING THE CARPARK, I STOP ALONG THE DRIVE WAY TO
WAIT FOR PARKING LOT, WHEN SUDDENLY M/CAR SMY BHD
REVERSED HIS VEHICLE AND THUS COLLIDED ONTO THE FRONT PORTION OF
MY VEHICLE. I SOUNDED MY HORN HOWEVER THE SAID M/CAR IN FRONT
STILL REVERSE AND HIT ONTO MY STATIONARY STOP VEHICLE

Declaration

We declare the foregoing particulars are true in every respect.

6/9/21
Policyholder's Signature / Date &
Time

6/9/21
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel