

ASS. FEO. BY:

REP: CS/ICS22004410/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: SMA 9898H

Policy No. _____

Claims No. DMCF2200047H/02/CT

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: SNE 3509M. Yr Regn: 2022 / March.

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

Truck / Trailer or

Make: Toyota Prius. C.C. 1798.

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

Sp. Reading: 16879. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDZS3E400J067903

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60 R16.

R: 205/60 R16.

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. 7/5/2022 D.O.I. 11/05/22.

Survey held at My Car Consultant.

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

Rees n/s.

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

Date / Time	Action / Instruction
	TP E CICS.
30/6/22	Adrian informed LS \$5250 (red 10,496.64, 66%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

☐: Preli. Report

1)

☐: Final Report

Date/Time, File Return to?

2) 30/6/22-typist

Days Of Repair: 7

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

3 + RS. SI

Photos

Others

Add Fee: ☐: Site Insp (\$)☐: Interview (\$)☐: Tech. Inve (\$)

Report Formset: Merimen

Insured Sum / TP E CICS LS \$5250

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	09/05/2022 10:25 (SGT)
Date of Accident	07/05/2022 16:55 (SGT)
Exact Location of Accident	Near 2450 Ang Mo Kio Ave 8, Ang Mo Kio, Singapore 569811
Additional Location Information	Junction of Ang Mo Kio Ave 8 and Ang Mo Kio Ave 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE3509M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	FOCUS RENTALS PTE LTD
Company Reg No	201836450G
Email Address	OPERATIONS@FOCUSRENTALS.SG
Mobile Phone No	(Phone) +65-98875600
Alternative Phone No	(Office) +65-98875600

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0007747_01
Cover Note Number	-

DRIVER

Name of Driver	KU TSEON WOEI
NRIC No	S7768133G

Date Of Birth	10/11/1977
Occupation	Outdoor
Date Of Driving Pass	16/01/1998
Driving experience	24 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87832205
Alt. Phone Number	-
Email Address	OPERATIONS@FOCUSRENTALS.SG
Address	BLK 117 EDGEFIELD PLAINS #05-322
Address complement	-
Postcode	820117
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	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Male

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

ON 07/05/2022 AT ABOUT 1655HRS. I WAS TRAVELLING IN MY VEHICLE BEARING SNE3509M ALONG ANG MO KIO AVE 3 TURNING RIGHT INTO ANG MO KIO AVE 8 . WHEN SUDDENLY ANOTHER VEHICLE BEARING SMA9898H HAND REAR ENDED MY VEHICLE. I WISH TO STATE THAT I WAS INJURED DURING THE ACCIDENT AND I TOOK DOWN THE PARTICULAR OF THE DRIVER.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA9898H
Vehicle Manufacturer	Kia
Vehicle Model	Carens
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	SIVARAMAN S/O CHANDRAKASAN
NRIC No	S1473667J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KU TSEON WOEI
Gender	Male
Phone No	(Phone) +65-87832205
Address	BLK 117 EDGEFIELD PLAINS #05-322
Address Complement	-
Post Code	820117
Approximate Age Years Old	44
Injuries Sustained	Chest Pain
Injured person in which vehicle?	SNE3509M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time

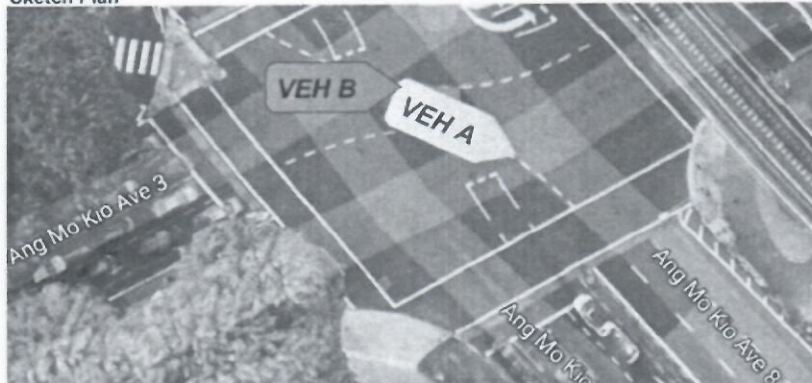
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

07/05/2022, 1830HRS

MAMAT

Sketch Plan



VEH A
SNE3509M
VEH B
SMA9898H



Describe Circumstances of the Accident

ON 07/05/2022 AT ABOUT 1655HRS. I WAS TRAVELLING IN MY VEHICLE BEARING SNE3509M ALONG ANG MO KIO AVE 3 TURNING RIGHT INTO ANG MO KIO AVE 8 . WHEN SUDDENLY ANOTHER VEHICLE BEARING SMA9898H HAND REAR ENDED MY VEHICLE. I WISH TO STATE THAT I WAS INJURED DURING THE ACCIDENT AND I TOOK DOWN THE PARTICULAR OF THE DRIVER.

Declaration

I/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

07/05/2022, 1830HRS

Witnessed by Reporting Centre Personnel

MAMAT

