

CS3/SMR22005365/Ety3

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. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bail or Market Value: _____

IDAC Accident Report: 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: SMH 2311T Yr Regn: 14/3/19

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

Make: Honda FRV c.c. 1496

Colour: Blue A/C: Insured / Std / Nil / NA

Sp.Reading: 38113 T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No: JHMRU18303V2P1189

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R:

BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/
TOYO/YOKO or .

Front

R/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 1/6/22

Survey held at Perfect Power

Rear

R/Bal. 1 mm

L/Bal. 4 mm

D.O.I. 7/6/22

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
	MV-88K Repair range - 2K-3K 4 days
	SUBMIT PRS REPORT

Date/Time, File Pass to?

☐: Prell. Report

Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

$$S + R.S. \rightarrow S$$

1 Photos

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TOTAL

71) _____
Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.E.F. (%)

Add Fee:

☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

□ : Tech. Invs (\$ _____

Weekend (\$

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 01/06/2022 15:18 (SGT)
Date of Accident 01/06/2022 09:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG X-JUNCTION OF CHOA CHU KANG NORTH 5 AND
CHOA CHU KANG ST 52
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH2311T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SENG LEONG STEEL (ENT) PTE LTD
Company Reg No 2XXXXX184M
Email Address SLSTEEL@SINGNET.COM.SG
Mobile Phone No (Phone) +65-96546780
Alternative Phone No +65-98418383

VEHICLE PARTICULARS

Manufacturer Honda
Model Hr-v
Variant -
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 Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 22-MS002270-R02
Cover Note Number -

DRIVER

Name of Driver WONG JING WEN

NRIC No
 Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

SXXXX412E
 27/07/1994
 Outdoor
 06/02/2014
 8 YEARS AND 4 MONTHS
 Female
 (Phone) +65-96546780
 -
 JERMAYNE.JW@SENGLEONGSTEEL.COM
 BLK 547 CHOA CHU KANG STREET 52 #04-19
 -
 680547
 No
 Employee
 No
 -
 -

Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category
 Name of Driver
 Passport No
 Contact No
 Address
 Postcode

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Cross Junction
 Weather Conditions Raining
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name TNG YI SHENG JIBSEN
 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

REFER TO POLICE REPORT

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 SG5494M

Vehicle Manufacturer	.....	•
Vehicle Model	.....	•
Vehicle Variant	.....	•
Vehicle Colour	.....	•
Vehicle Category	.....	•
Name of Driver	.....	•
Passport No/FIN	.....	•
Contact Number	.....	•
Address	.....	•
Address complement	.....	•
Postcode	.....	•
Insurance Company Name	.....	•
Nature Of Damage	.....	•
Details of property damaged in accident	.....	•
No. Of Passenger (Including Driver)	•

Government
MOHD RIZAL BIN MOHD TAHAR
GXXXX090M

SKETCH PLAN

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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' 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.

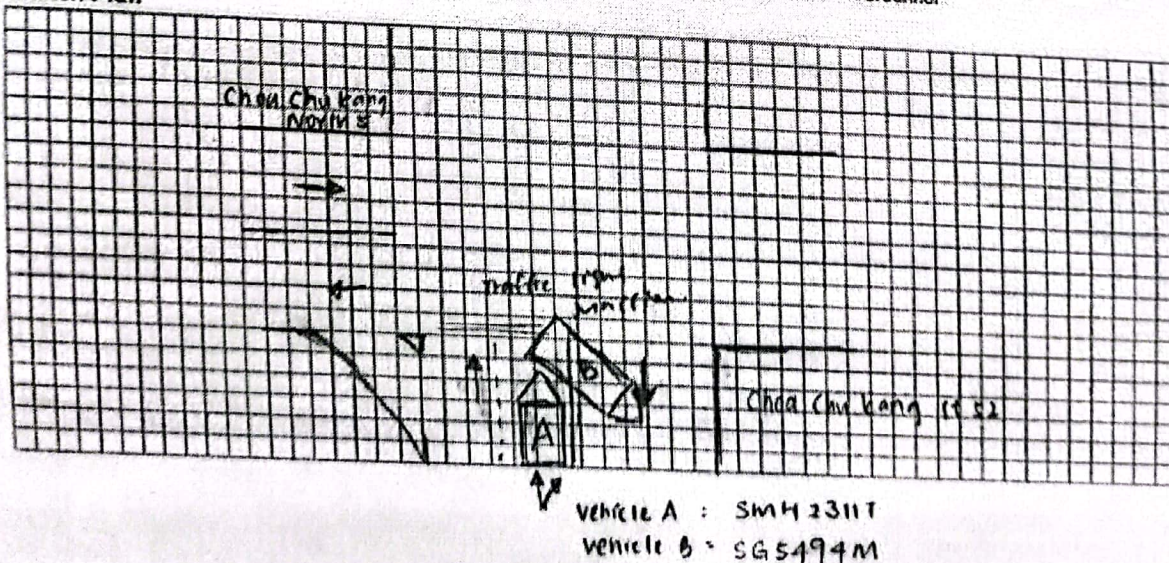


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



REFER TO POLICE REPORT

REFER TO POLICE REPORT

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre Personnel