

Ass. REC. BY:

REF: CS/INC22005464/Avy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: **PC 440H**

Policy No. _____

Claims No. **MT/1175478-002**

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: **PCSS89E** Yr Regn: **2017, Feb.**

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

Truck / Trailer or **Mini Bus.**

Make: **Toyota Hiace Commuter** c.c. **2982**

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

Sp. Reading: **442357** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KDH2230029524 ***

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: **195 R15C**

R: **195 R15C**

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

TOYO / YOKO or

Front

R/Bal. **06** mm

L/Bal. **06** mm

D.O.A. **7/6/2022**

Survey held at **HD**

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

Rear

R/Bal. **06** mm

L/Bal. **06** mm

D.O.I. **08/06/22**

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

Date / Time	Action / Instruction
	TP INC.
15/9/22	Adrian informed LS \$12,500 (red 23,473.65, 65%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

1) _____
Date/Time, File Return to?

2) **15/9/22-typist**

Days Of Repair: **12**

Resurvey No. of Trip: **2**

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Insp (\$

Survey Fee:

Transportation:

☐ : S + RS \$

☐ : Photos

☐ : Others

Report Format: **TP**

LS \$12,500

SINGAPORE ACCIDENT STATEMENT

Accident Date: 7/6/22	Time: 07:05 hr	(hh:mm) 24 hr format
Location Tuas South Ave 3 (Near LP 74)		
Vehicle Number PC5589E		
Insured Name PerfectGoh Limu		
NRIC / FIN 53134498C	Contact Number 98778475	
Make Toyota	Model Hiace Commuter	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (✓) Third Party () Reporting		
Insurance Company NTUC		
Type of Policy (✓) Comprehensive () Third Party Fire & Theft	() TP Only	
Policy Number 5120651144-01		
Name of Driver Tan Kang Yong @ Faruq Tan	() Same as Insured	
NRIC / FIN S1763174H	Contact Number 9022 0212	
Date of Birth 08/08/1966		
Driving Pass Date 18 May 1990		
Occupation () Indoor (✓) Outdoor		
Gender (✓) Male () Female		
Email Address PerfectgohL@gmail.com	() NO EMAIL	
Address of Driver Blk 350 Bukit Batok St 34 #03-130 (S) 650350		
Was driver an employee of the Insured's Company? (✓) Yes () No		
If No, Relationship of the Driver with the Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (✓) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions () Clear () Raining () Others Drizzling		
Road Surface () Dry (✓) Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (✓) No		
Was anybody injured in the accident? (✓) Yes () No		
If yes, injured detail Driver (PC5589E)		
Was there any video captured by Car Camera? () Yes (✓) No		
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B PC440H		
Veh C		
Veh D		
Veh E		
Veh F		

* Driver Only

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 willful 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.



Policyholder's Signature / Date & Time

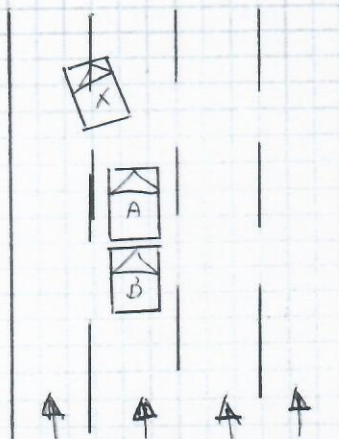
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

veh A: PC 5589 E

veh B: PC 440 H



Describe Circumstances of the Accident

Handwritten notes and signatures in the 'Describe Circumstances of the Accident' section:

- Top right: A large, stylized signature or set of initials.
- Middle right: A signature that appears to be "H. H. H."
- Center: A signature that appears to be "T. W."
- Bottom left: A signature that appears to be "Zeta".
- Below "Zeta": The number "50".

Declaration

I/We declare the foregoing particulars are true in every respect.



Handwritten signature of the Policyholder.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (PC5589E) WAS TRAVELLING STRAIGHT ON LANE 3 OF TUAS SOUTH AVENUE 3 TOWARDS AYE(CITY) NEAR LP 74. WHEN THE FRONT VEHICLE SLOWED DOWN BECAUSE HE WANT TO PARK INTO LANE 4 LOT, I FOLLOWED SUIT TO SLOWED DOWN WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (PC440H) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A : PC5589E

VEHICLE B : PC440H



A handwritten signature in cursive script, appearing to be "C. e."