

REF: 100

REF: 1PC / 220054891K vy3

ASSIGNMENT

Form _____ Date _____
 Equipment Code _____
 OD / IP RES / IP RES / OD RES / EVA / INV / MV _____
 To Insure Vehicle No: _____
 at Workshop No: Chap Let
 of _____
 Insured: GBH 8076M
 Policy No: _____
 Claims No: 22/22/22/NC05/025909
 Sum Insured: _____ Excess: _____
 (Client's Receipt)
 Make of Veh: _____

Veh No: SON 332S Yr Regn: 03, 20
 Type: Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Mazda C200 C.O. 1997
 Colour: M.O. Blue A.C. Insured / Std / NI / NA
 Sp. Reading: 36899 T/Radio: Insured / Std / NI / NA
 Eng No: _____
 Ch No: W00 20 507PR 509148
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NH / SRim / STD A/Rim or
 Tyre Size: F: 225/45R18
 R: _____

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

NIS	O/S

 Est. of Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GAR / FR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 03 days Res.: Yes or No
 Lum Sum: 1.51 % J Val.: Yes or No
 CA / REV / REP. / 24 HRS _____
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

PS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal: 7 mm R/Bal: 7 mm
 L/Bal: 7 mm L/Bal: 7 mm
 D.O.A. 7/6/22 D.O.I. 13/6/2022
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / NIS / UIC / Rooftop or
As ds doc
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>7</u>	<u>PRS</u> <u>Wt repair B9-5K</u>
<u>14/6/22</u>	<u>Submit PRS</u>

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: 3
 Resurvey No. of Trip: _____

Date/Time, File Return to?
14/6/22-typist

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Inv (\$)
 : Weekend (\$)

Survey Fee: _____
 Transportation: _____
 S + RS: \$ _____
 P: \$ _____
 Others: _____
 TOTAL: _____

Report Format :
 Lump Sum / I.B.I. (\$)

N T F P C I N N

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	08/06/2022 17:50 (SGT)
Date of Accident	07/06/2022 20:00 (SGT)
Exact Location of Accident	Lloyd Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH3338S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Koh Choon Meng Darren
NRIC No	S7709685Z
Email Address	kohdarren@hotmail.com
Mobile Phone No	(Phone) +65-97388870
Alternative Phone No	(Home) +65-97388870

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA018322
Cover Note Number	-

DRIVER

Name of Driver	Koh Choon Meng Darren
NRIC No	S7709685Z

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.

B. 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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan

