

Ass. PEO. BY:

REP:

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.

| | |
|-----|-----|
| | |
| 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: SNC1SM4X Yr Regn: 2019, NovType M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Harrier c.c. 1998Colour Black A/C: Insured / Std / NI / NASp. Reading 38515 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTE2B3G1H80J005158Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 235/55R18R: 235/55R18BS / 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. 04/07/22Survey held at Twin CarDes. 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

TP Budget Deal.

18/08/2022 Finalise L/S \$3,200.00, 4 days (Red \$6,831.00 / 68%)

MV:

PV:

Nett:

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Inve (\$

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + PS. SI

Photos

Other

Report Format: _____

Form 2000 / 1 P 1-10

| | | | | | |
|--|--|--|-------------------------------------|---|--|
| VEHICLE NO: | SNC 1514x | | MAKE & MODEL: | Toyota Harrier Turbo AUTO / MANUAL | |
| DATE OF ACCIDENT: | 01 / 07 / 2022 | | CC: | 2-0 | |
| TIME OF ACCIDENT: | 0645 HRS | | | | |
| LOCATION OF ACCIDENT: | KPE (MCE) before Airport rd Exit. | | | | |
| EXACT PURPOSE USE DURING ACCIDENT: | EMPLOYMENT / PRIVATE USE / PRIVATE HIRE | | | | |
| NAME OF OWNER: | Lin Shi Xiang | | | | |
| TEL NO: | H/P: 8879 6349 | | OFFICE: | HOME: | |
| NRIC: | S8736098I | | | | |
| ADDRESS: | 128 Rivervale Street #11-228 (S) 540128 | | | | |
| EMAIL: | KYLERLIN8X@hotmail.com | | | | |
| CLAIM TYPE: | OD / THIRD PARTY / REPORTING ONLY | | | | |
| FLEET POLICY: | YES / NO | | | | |
| INSURANCE COMPANY: | NTUC | | | | |
| TYPE OF COVERAGE: | Comprehensive / Third Party / Third Party Fire & Theft | | | | |
| POLICY NO: | 5123962162 | | | | |
| NAME OF DRIVER: | AS ABOVE / IF NO: | | | | |
| NRIC: | As above | | ANY PASSENGER: 1 (male) | | |
| DATE OF BIRTH: | 09 / 11 / 1987 | | LICENCE PASSED DATE: 22 / 09 / 2009 | | |
| OCCUPATION: | OUTDOOR / INDOOR | | | | |
| GENDER: | MALE / FEMALE | | | | |
| CONTACT NO: | H/P: As above | | OFFICE: | HOME: | |
| ADDRESS: | As above | | | | |
| EMAIL: | As above | | | | |
| DOES DRIVER OWNED ANY VEHICLE: | NO / IF YES, REG NO: | | INSURER: | | |
| RELATIONSHIP: | owner | | | | |
| WEATHER CONDITION: | CLEAR / RAINING / OTHERS: | | | | |
| ROAD SURFACE: | DRY / WET / OTHER: | | | | |
| ANY INJURIES: | NO / IF YES , WHO? | | | | |
| NAME & CONTACT: | Lin Shi Xiang, 8879 6349 | | | | |
| NAME & CONTACT: | | | | | |
| POLICE REPORT: | NO / IF YES, WHERE? | | | | |
| NOTICE OF INTENDED PROSECUTION GIVEN? | NO / IF YES, WHO? | | | | |
| VEHICLE B REG NO: | SMF 5977m | | ANY PASSENGERS: N.A | | |
| NAME OF DRIVER: | Alan Tan | | CONTACT NO: 9735 7171 | | |
| VEHICLE C REG NO: | | | ANY PASSENGERS: | | |
| VEHICLE D REG NO: | | | ANY PASSENGERS: | | |
| VEHICLE E REG NO: | | | ANY PASSENGERS: | | |
| VEHICLE F REG NO: | | | ANY PASSENGERS: | | |
| VEHICLE G REG NO: | | | ANY PASSENGERS: | | |
| ANY WITNESS? IF YES, NAME: | WITNESS CONTACT: | | | | |
| WAS THERE ANY VIDEO CAPTURE? | YES / NO | | | | |
| WAS THERE ANY AUDIO RECORDED? | YES / NO | | | | |
| ACCIDENT SCENE PHOTOS TAKEN? | YES / NO | | | | |
| ACCIDENT PORTION: | Rear portion | | | | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO | | | | | |
| WORKSHOP PARTICULAR: | Twincar Automotive Pte Ltd | | | | |
| CONTACT NO: | 68420051 / 67440510 | | | | |
| CONTACT PERSON: | Jun Ming | | | | |
| FAX NO: | 67410510 | | | | |
| WORKSHOP EMAIL: | sales@n51.com.sg | | | | |

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.
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

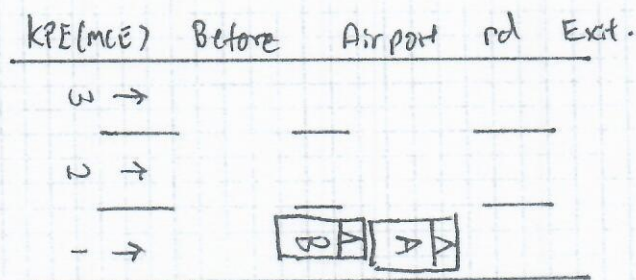
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SNC1514X
B - SMF 5977m


Describe Circumstances of the Accident

As per above date and time, I was driving SNC1514X along KPE(MCE) on the extreme right lane. Somewhere before Airport rd exit, vehicles in front jammed brake and stopped. As such, I applied brake and stopped accordingly. But at sudden, I felt a huge impact from the rear. I alighted and discovered veh(B) SMF 5977m front portion collided onto my vehicle rear portion.

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

Witnessed by Reporting Centre Personnel