

ASS. REC. BY:

Steve

REF:

CS3/ASM21003357/Egf3

ASSIGNMENT

PRS

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.

S1M034S5

Sum Insured:

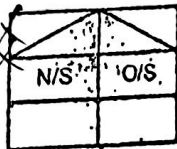
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

SIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

GX 9486M

Yr Regn:

9/11/94

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

Truck / Trailer or

Make:

Peugeot Partner

c.c.

1560

Colour:

Grey

A/C: Insured / Std / NI / N

Sp. Reading

282525

T/Radio: Insured / Std / NI / N

Eng/No:

VF36CWJY 89610-5901

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

175/65R14

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

7/3/21

D.O.I.

16/3/21

Survey held at

Hong San Hong Wei

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

Frt LH.

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

Date / Time Action / Instruction

MV- 6K

3K - 4K repair range

26/03/21 @ 10.13am revised to Dominic Yu via Smart Claims.

26/03/21 Submit PRS

resurvey on 18/03/2021

12/07/22 Submit LS \$3050. 7 days (Red \$6400, 68%)

Date/Time, File, Pass to?



Prell. Report

12/07 Typist



Final Report

Date/Time, File Return to?

Days Of Repair:

7

Resurvey No. of Trip:

Add Fee:



Site Insp

(\$



Interview

(\$



Tech. Invs

(\$



Weekend

(\$

Survey Fee:

Transportation:

\$ + RS, \$

Photos

Others

TOTAL

Date/Time, File, Pass to?

TP

Date/Time, File Return to?

3050

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	08/03/2021 18:41 (SGT)
Date of Accident	07/03/2021 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG 16 FERNHILL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX9486M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NELSON COMPANY PTE LTD
Company Reg No	199102965C
Email Address	IANN@PEKING.SG
Mobile Phone No	(Phone) +65-97377177
Alternative Phone No	+65-97377177

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	PARTNER 1.9D
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	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108321218-01
Cover Note Number	-

DRIVER

Name of Driver	KUO PAO CHIH KEITH
NRIC No	S1498009A
Date Of Birth	30/09/1961
Occupation	Indoor

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

02/01/1980
41 YEARS AND 2 MONTHS
Male
(Phone) +65-97377177
-
KEITH@PEKING.SG
16 FERNHILL ROAD
-
259068
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collided into Parked Vehicle
Clear
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 material or property damaged? Yes
Number of Passengers (Including Driver) 0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SHA4406L
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

NEILSON COMPANY PTE LTD
 50, Hong Fui Road #01-03 Singapore 160504
 Tel: 67347700 Fax: 67347701
 E-mail: info@neilson.com.sg

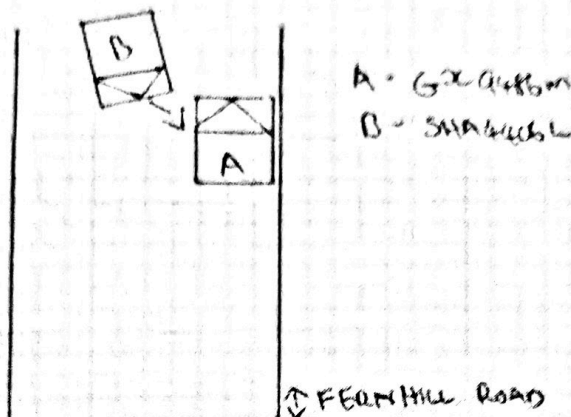
Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)

Date & Time: 06/07/2021 / 12:30pm

Reporting Centre Personnel's Signature
 Name: IKHSAM
 NRIC/FIN No.: S008345

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked outside my home. I was alerted by my neighbour that vehicle B had collided against my parked vehicle. No one was in the vehicle A when the accident happen

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: 06/03/2021/0504HRS

Reporting Centre Personnel's Signature

Name: HANAN
NRIC/FIN No.: S040345