ASS, FEC. BY:	
	ASSIGNMENT
From: Date:	Veh No: 63H 9377M. Yr Regn: 2018 / Oct.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van (Lorry/ Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Totota Dyra c.c 2982
at Worlshop m/s	Colour Silver A/C: Insured / Std / NI / NA
of	Sp.Reading 177840. T/Radio: Insured / Std / NI / NA
insured	Eng/No:
Policy No.	C/No: 17FAT35Y10K 211800
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
	Tyre Size: F: 195 P15 C
(Policy Condition)	R: 155 R12(·
Remark The veh had commenced its N/S	O/S S'/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 0L
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 15/07/22
Lum Sum: % 3 Val.: Yes or No	'Survey held at MS Cas:
CA / REV / REP. / 24 HRS	Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: In Date: Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
TPILL	
() · · · ·	
m∨ :	
PV:	
Nett:	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Ad	d Fee: : Site Insp (\$)_s+Rs_s
	: Interview (\$) Photos
Febrit Former:	Tech, Inve (\$) Other

Email: Sm@idac.com.sg Tel no: 6555 6888

If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

	Time of Accident: (24-HR-FORMAT)
Vehicle No.: 684 43771 Vehicle N	Make & Model:
Exact location of Accident:	RO.
Policyholder's Name: Mike Moter	Recovery I/C/UEN: 53152668B
Driver's Name / IC No. : Malamanad /2	Recovery I/C/UEN: 53152668B Southin Bin About Brank (As Above)
Driver's Contact No.: 97204154 Con	mpany Contact No (Company Veh Only):
Driver's Address:	, 4-
Email address: fullstop4230gmeril.	Insurance Company: India
Relationship between Owner & Driver: (Please C Owner / Spouse / Children / Friend / Parents / Sibling	IRCLE one only) g / Relative Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one	only)
	rou want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	*No. of Passengers (Including Driver): O
*Passanger Name:	Gender: Maie / Female *Passange
Name:	Gender: Male / Female
Name: Weather condition & Road conditions? (On the day	TO WALL SIX TO YOU AS BEEN STONE OF A PER DISTRIBUTE SHEET SHEET STONE OF THE SHEET
Weather condition & Road conditions? (On the day	ay of accident)
Weather condition & Road conditions? (On the day	ay of accident) fter-Rain & Wet / Drizzling & Wet / Others:
Weather condition & Road conditions? (On the day Clear & Dry / Raining & Wet / Ar Ar Was there any video captured by your Car Came Any Injuries: Yes / No (If YES) Injuries:	fter-Rain & Wet / Drizzling & Wet / Others: Yes / No Ired Person' Name:
Weather condition & Road conditions? (On the date of the Clear & Dry / Raining & Wet / A: Was there any video captured by your Car Came Any Injuries: Yes / No (If YES) Injuries: Sustain:	fter-Rain & Wet / Drizzling & Wet / Others:
Weather condition & Road conditions? (On the date of the Clear & Dry Raining & Wet At Was there any video captured by your Car Came Any Injuries: Yes No (If YES) Injuries Sustain: Police Report filed: Yes No (If Y	fter-Rain & Wet / Drizzling & Wet / Others: Yes / No
Weather condition & Road conditions? (On the date of the Clear & Dry Raining & Wet At Was there any video captured by your Car Came Any Injuries: Yes No (If YES) Injuries Sustain: Police Report filed: Yes No (If YES) The Other Party(s) Details:	fter-Rain & Wet / Drizzling & Wet / Others: ra? Yes / No red Person' Name: Injured Person in Which Vehicle: ES) Which Police Station:
Weather condition & Road conditions? (On the date of the Clear & Dry Raining & Wet At was there any video captured by your Car Came Any Injuries: Yes No (If YES) Injuries Sustain: Police Report filed: Yes No (If Y The Other Party(s) Details: 1. Driver's Name IC No:	fter-Rain & Wet / Drizzling & Wet / Others: ra? Yes / No red Person' Name: Injured Person in Which Vehicle: ES) Which Police Station: Vehicle No: SLV 2015 L
Weather condition & Road conditions? (On the day of the Clear & Dry Raining & Wet At Was there any video captured by your Car Came Any Injuries: Yes No (If YES) Injuries Sustain: Police Report filed: Yes No (If Y The Other Party(s) Details: 1. Driver's Name IC No:	fter-Rain & Wet / Drizzling & Wet / Others: Fra? Yes / No Fred Person' Name: Injured Person in Which Vehicle: ES) Which Police Station: Vehicle No: SLV 2015 L Insurance Company:
Weather condition & Road conditions? (On the date of the Clear & Dry Raining & Wet At Was there any video captured by your Car Came Any Injuries: Yes No (If YES) Injuries Sustain: Police Report filed: Yes No (If Y The Other Party(s) Details: 1. Driver's Name IC No: Driver's Contact No:	fter-Rain & Wet / Drizzling & Wet / Others: Fra? Yes / No Fred Person' Name: Injured Person in Which Vehicle: ES) Which Police Station: Vehicle No: SLV 2015 L Insurance Company: Vehicle No:
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Weather condition & Road conditions? (On the day Clear & Dry Raining & Wet Are Was there any video captured by your Car Came Any Injuries: Yes No (If YES) Injuries Sustain: Police Report filed: Yes No (If Y The Other Party(s) Details: 1. Driver's Name IC No: Driver's Contact No: 2. Driver's Contact No: *Independent Witness (If Any):	fter-Rain & Wet / Drizzling & Wet / Others: Fra? Yes / No Fred Person' Name: Injured Person in Which Vehicle: ES) Which Police Station: Vehicle No: SLV 2015 L Insurance Company:

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 :
 - 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:

N

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

TCH PLAN					
Tannery Rd				×	
Torniter y Two	(奉)				
		2			
		47	1 1	2 2	

	VISTANCES OF THE ACCIDENT
	At mentioned Date and Time, 1
was	driving along Tannery Rd, Suddenly
Jehicle	(B) came out from Tannery Lone,
1 can	met in time and hit into front
left	partion A: GBH 9377 M
	3: SLV 2015 L

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: