

ASSIGNMENT

From: PRS Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: GBB 3798C
 Policy No. DMPCSNW0001432212
 Claims No. SNM22D204969/C02/TANKL
 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
X	X

Bel. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLT 9210D Yr Regn: 16/11/17
 Type: M.C. / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota AXIO c.c. 1496
 Colour: Silver A/C: Insured / Std / Nil / NA
 Sp. Reading: 48687 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: NKE1657147957
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / SRM / STD A/RM or
 Tyre Size: F: 185/55R15
 R: 185/55R15
 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. 16/7/22 D.O.I. 20/7/22
 Survey held at AT Performance
 Des. 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
	<u>MV- 651C</u> <u>Repair range 2K - 3K</u> <u>5 days</u>
<u>20/7/22</u>	<u>Submit PRS, repair range \$2,000-\$3,000</u>

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

1)

Date/Time, File Return to?

2) 20/7/22-typist

Report Format: _____

Lump Sum / I.B.E. (\$) _____

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Phone: _____

Others: _____

TOTAL

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	18/07/2022 15:56 (SGT)
Reported by	Both
Date of Accident	16/07/2022 10:45 (SGT)
Exact Location of Accident	Toa Payoh, Singapore
Additional Location Information	Toa Payoh towards PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT9210D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Law Whye Kiat
NRIC No	S8618397H
Email Address	kiatlaw@hotmail.com
Mobile Phone No	(Phone) +65-90624825
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00253292100

DRIVER

Name of Driver	Law Whye Kiat
NRIC No	S8618397H
Date Of Birth	12/07/1986
Occupation	Indoor

Driving Pass	12/07/2007
ing experience	15 YEARS
nder	Male
Mobile Number	(Phone) +65-90624825
Alt. Phone Number	-
Email Address	kiatlaw@hotmail.com
Address	Blk 153 Lorong 2 Toa Payoh #19-606
Address complement	-
Postcode	310153
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	unknown
Gender	Male

PASSENGER 2

Name	unknown
Gender	Female

PASSENGER 3

Name	unknown
Gender	Female

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 attached report.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
---	-----

any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

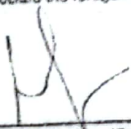
Vehicle Registration Number	GBB3798C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

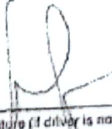
Describe Circumstance of the Accident

I stop my car before the broken white line due to traffic on the main road. Moments later a van @BA3798C came from behind and hit my car rear section.

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
(Name as in NRIC/ID card)

