

4-EI-2

## ASSIGNMENT

Veh No: QBH 5115J Yr Regn: 2018 / July

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

Truck / Trailer or

Make: Toyota Hiace C.C. 2982

Colour: Red. A/C: Insured / Std / NI / NA

Sp. Reading 160993 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTH T02P400 243290

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195 R15C

R: 195 RISC.

RS / DIN / EXNOVA / GY / ES / LIZA / MIC / OHTSU / RIB / SUMI /

TOYO / YOKO OF

Front Rear

R/Bal.	02	mm	R/Bal.	06	mm
--------	----	----	--------	----	----

[illegible]

LBal. 90 mm      LBal. 90 mm

D.O.A. \_\_\_\_\_ D.O.I. 22/07/22

\*Survey held at Lee Sheng

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

○ ○

The I/C / Chassis frame / Body Structure, affected due to collision.

The 3/3 / Chassis frame / Body Structure affected due to collision.

☐: Prel. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

□: Site Insp (\$

☐ Interview (\$

Tech. Invs (3)

Transportation:

3)  $\underline{\hspace{1cm}} + RS, \underline{\hspace{1cm}} S$

Photos

1. **Chairs**

## 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	22/07/2022 10:41 (SGT)
Reported by	Both
Date of Accident	21/07/2022 16:40 (SGT)
Exact Location of Accident	Newton Rd, Singapore
Additional Location Information	NEWTON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5113J
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MACH GENERAL SERVICES (1995)
Company Reg No	5XXXX589C
Email Address	dilliano93@gmail.com
Mobile Phone No	(Phone) +65-96492305
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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
Transmission	Auto
CC	2000

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5120893375-01

#### DRIVER

Name of Driver	DILLON VINODRAJ S/O DAVARAJ
NRIC No	SXXXX132A
Date Of Birth	01/02/1993
Occupation	Outdoor

Date Of Driving Pass	02/12/2013
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96492305
Alt. Phone Number	-
Email Address	dilliano93@gmail.com
Address	BLK 403 HOUGANG AVE 10 #01-1194
Address complement	-
Postcode	S 530403
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	1
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	-

#### 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

#### PLEASE REFER SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ9712M
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)		1

## Describe Circumstances of the Accident

On 21st July 2022, 4:40pm, I was waiting at a traffic light junction for about 1 minute as it was red light and my vehicle was already stationary. Suddenly I felt a strong impact from my rear. Vehicle SMJ9712M had hit me from the back. Traffic light was still red.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature (If policyholder is not the driver)  
Time

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

Witnessed by Reporting Centre Personnel

## 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 willful 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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<p><i>Div</i></p> <p>Policyholder's Signature / Date &amp; Time</p>	<p><i>Div</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p><i>Div</i></p> <p>Witnessed by Reporting Centre Personnel</p>
---	---	--

  

**Sketch Plan**