

ASS. RECD BY: T. G. J. M.

REF:

CS/CT122007121/Tcy3

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: 876K

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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBK3483M Yr Regn: 2020 June

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

Truck / Trailer or

Make: Toyota Hiace C.C. 2982

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 76702 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: STFHT02P400250389

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/R15

R: 1 -

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

TOYO / YOKO or Royal Black

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 27/7/22

Survey held at Qas Appo

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

Report Range: \$5000 - \$6000, 7 days

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format: _____

Lump Sum / L.B.H. (\$) _____

MG SOLUTION PTE LTD
23 Kaki Bukit Ave 4 (South Wing) #02-03B
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No.: 201427944N

MOTOR CLAIM DISCHARGE

INSURED: CHEE YAO WEI, ELROY
CAR/LORRY/CYCLE: REG NO: SLK1882P POLICY NO:
ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle
Registered No. SLK1882P
Messrs W & SOLUTION PTE LTD
And that all repairs necessary as a result of an accident in which the said vehicle was involved on or
about the 20 day of 08 2018 have been completed to my / our satisfaction, and that
I / we have no further claim on the above company in respect thereof.

Date: Signature:

Co's Stamp: NRIC No:

23/08/2018 - P21
26/08/2018 - Sunday

Vehicle 1 - 23/08/2018
Vehicle 001 - 31/08/2018

Low - 9 days x \$220

\$1,980

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	25/07/2022 11:48 (SGT)
Reported by	Driver
Date of Accident	24/07/2022 13:56 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS AFTER TOA PAYOH EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3483M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	UKA LEASING PTE LTD
Company Reg No	201105072Z
Email Address	QASAUTO2011@GMAIL.COM
Mobile Phone No	(Phone) +65-81272760
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	Goods vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5125056318

DRIVER

Name of Driver	MOHAMMAD PADLI BIN KAMARUL ZAMAN
NRIC No	S8114830I
Date Of Birth	14/05/1981
Occupation	Outdoor

Date Of Driving Pass	14/06/2014
Driving experience	8 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81272760
Alt. Phone Number	-
Email Address	QASAUTO2011@GMAIL.COM
Address	BLK 185C WOODLANDS STREET 13 #14-651
Address complement	-
Postcode	733185
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	PASSENGER 1
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

I WAS DRIVING ALONG PIE TOWARDS TUAS.

AFTER TOA PAYOH EXIT, THE CAR INFRONT OF ME SUDDENLY SLOWED DOWN. I BRAKED IMMEDIATELY TO AVOID THE COLLISION. UNFORTUNATELY, THE LORRY AND THE CAR BEHIND ME COULD NOT STOP IN TIME AND HIT MY VEHICLE'S REAR AND MY REAR WINDSCREEN WAS SMASHED.

NO INJURIES WERE REPORTED.

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	GBH4756K
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fuso
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	GOBINATHAN S/O CHINNA RAJU
Contact Number	(Phone) +65-90056326
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR6185Z
Vehicle Manufacturer	Suzuki
Vehicle Model	Vitara
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TANG JIA JIE, NIGEL
Contact Number	(Phone) +65-88262542
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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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

[Handwritten signature]

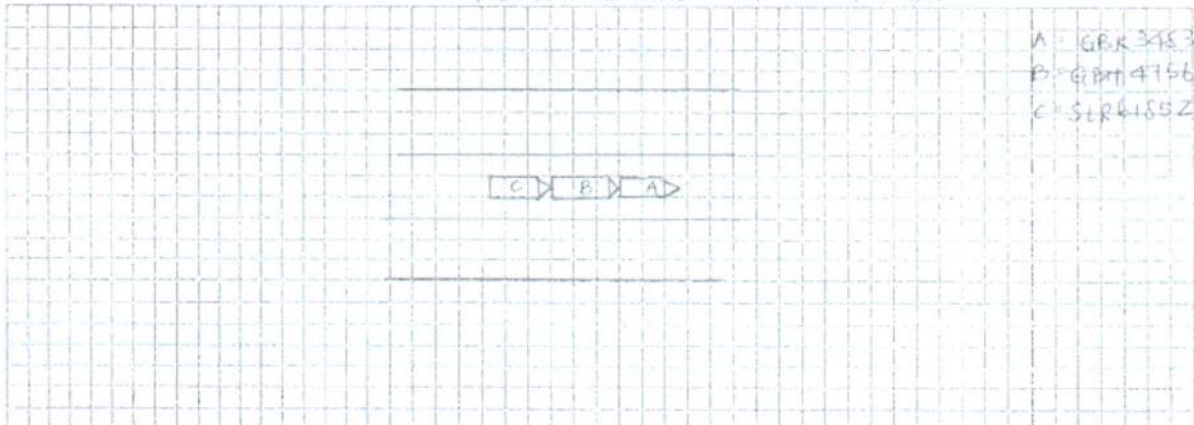
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

P1E Towards Tuas after Teo Boyah exit



Describe Circumstances of the Accident

I was driving along PIE towards Tuas.
 After Teo Payoh exit, the car in front of me suddenly
 slowed down.
 I braked immediately to avoid the collision. Unfortunately,
 the lorry and the car behind me could not stop in time
 and hit my vehicle's rear and my rear windscreen was
 smashed.
 No injuries were reported.

Declaration

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
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