

Kennerth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop m/s Ken Chan

Insured: 2120

Policy No. _____

Claims No. CMTD2202539/LOR

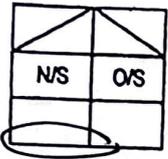
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: 850k

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SKZ 4385X Yr Regn: 01, 16

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

Make: Honda Jazz c.c. 1318

Colour: M. Grey A/C: Insured / Std / Nil / NA

Sp. Reading: 98328 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: JHM GK 38506 X 219887

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175/65R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC OHTSU / PIR / SUMI / TOYO / YOKO or

Front R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 22/7/22

Survey held at 10:30am

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

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

Date / Time	Action / Instruction
<u>1</u>	<u>PRS</u>
<u>01/08/22</u>	<u>Submit PRS.</u>

Date/Time, File Pass to? : Prell. Report : Final Report

Date/Time, File Return to? _____

Report Format: PRS
Lump Sum / I.B.I. (\$) _____

Days Of Repair: 4
Resurvey No. of Trip: _____

- Add Fee: : Site Insp (\$)
- : Interview (\$)
- : Tech Invs (\$)
- : Weekend (\$)

Survey Fee:	_____
Transportation:	_____
S - RS. SI	_____
Fix. Ins	_____
Others	_____
TOTAL	_____

Surveyor

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 23/07/2022 11:03 (SGT)
 Reported by Both
 Date of Accident 22/07/2022 16:35 (SGT)
 Exact Location of Accident Singapore
 Additional Location Information SLIP RD TO PIONEER RD NORTH FROM PIE
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ4385X

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner PONNIAH IYYAPPAN
 NRIC No SXXXX272D
 Email Address IJAYS5@YAHOO.COM
 Mobile Phone No (Phone) +65-96757925
 Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
 Model Jazz
 Variant -
 Exact purpose for which vehicle was being used at time of accident -
 Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
 Vehicle Category Private car
 Transmission Auto
 CC 1300

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
 Policy Number / Cover Note Number 508738325205

DRIVER

Name of Driver PONNIAH IYYAPPAN
 NRIC No SXXXX272D
 Date Of Birth 28/05/1971
 Occupation Indoor

SKETCH PLAN

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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.

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

