

Ass. Fed. By: \_\_\_\_\_

REF: \_\_\_\_\_

### 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)

N/S	O/S

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rport: \_\_\_\_\_ 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

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SME6205G Yr Regn: 2018 Oct.

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

Truck / Trailer or \_\_\_\_\_

Make: Toyota Noah Hybrid c.c 1797

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

Sp. Reading: 265298 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: ZWR800329763

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Inorder / Jammed / Leaked / Burnt or \_\_\_\_\_

Modif: Nil / S/Rim / STD A/Rim or \_\_\_\_\_

Tyre Size: F: 195/65R15

R: 195/65R15

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

TOYO / YOKO or Giti

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. \_\_\_\_\_ D.O.I. 27/07/22

\*Survey held at JL Perfect

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

Rear o/s

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

Date / Time	Action / Instruction
	<u>TP AIG</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

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: \_\_\_\_\_

\_\_\_\_\_ S + RS \_\_\_\_\_ SI

Photos \_\_\_\_\_

Others \_\_\_\_\_

Artd Fee:  : Site Insp (\$)

: Interview (\$)

: Tech. Inve (\$)

Report Formes \_\_\_\_\_

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 27/7/22

Time of Accident: 08:55 (AM / PM)

Location of Accident: Loyang Ave towards Pasir Ris Drive 1

Country/State of Loss: Singapore

Type of Accident: Head To Rear

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify -

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: \_\_\_\_\_

No. of vehicles Involved in the accident (include own vehicle) 03

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: \_\_\_\_\_

Was notice of Prosecution given? Yes / No

If yes, against whom? \_\_\_\_\_

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

**Details of Own Vehicle**

Vehicle Registration No: SM E6205G

Vehicle Category: B

Vehicle Manufacturer: 2018 Vehicle Model: Toyota Noah

Transmission: Manual / Auto Cc: 1.8

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 01

Passenger Name: -

Gender: Male / Female

Passenger Name: -

Gender: Male / Female

**Own Vehicle Policy**

Handling Insurer: NTUC

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Academic Excellence

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 53283029J

Email: -

Mobile No: -

Alt. No Type: Home / Office / Not in List

If Not in List, please specify -

Owner Alt Phone No: -

**Driver's Information**

Is the driver the policy holder? Yes /  No

Name of Driver: Yap See Hao Caden

Gender:  Male / Female

ID Type:  NRIC / Passport or FIN / Work Permit

Driver's ID: S90102848

Date of Birth: 24/03/1990

Driving Pass Date: 02/07/2009

Mobile No: 8774 2996

Email: Caden.yap6205@gmail.com

Address 1: 164 Lentor Loop #02-06

Address 2: \_\_\_\_\_ Postal Code: 789096

Occupation: Indoor /  Outdoor

Driver Owner Relationship: owner of the company

Does Driver own other vehicles? Yes /  No

If yes, please provide Vehicle Registration No: \_\_\_\_\_

Handling Insurer: \_\_\_\_\_

**TP Vehicle or Property**

Was there any other vehicle or property damaged?  Yes / No

If yes, please provide:

(i) Vehicle Registration No: GBE 7856 B (Veh B)

(ii) Vehicle Category: \_\_\_\_\_

(iii) No. of passengers (including driver) \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Gender: Male / Female G13D5027X (Veh C)

**Translation**

Was the Sketch Plan Statement translated from another language?

Yes /  No

Name of Translator: \_\_\_\_\_

ID Type: NRIC / Passport or FIN / Work Permit

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: \_\_\_\_\_

**Please attach the following documents:**

- Original report in original language
- Translated report to English

**Injured Person's Details**

Was anyone injured in the accident? Yes /  No

Any injured conveyed to hospital by Ambulance?  Yes / No

If yes, please provide:

- (i) Name: Yap Sze Hao Caden
- (ii) Gender:  Male / Female
- (iii) Injured Person in which Vehicle? SME6205G
- (iv) Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness Details**

Was there any witnesses? Yes /  No

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

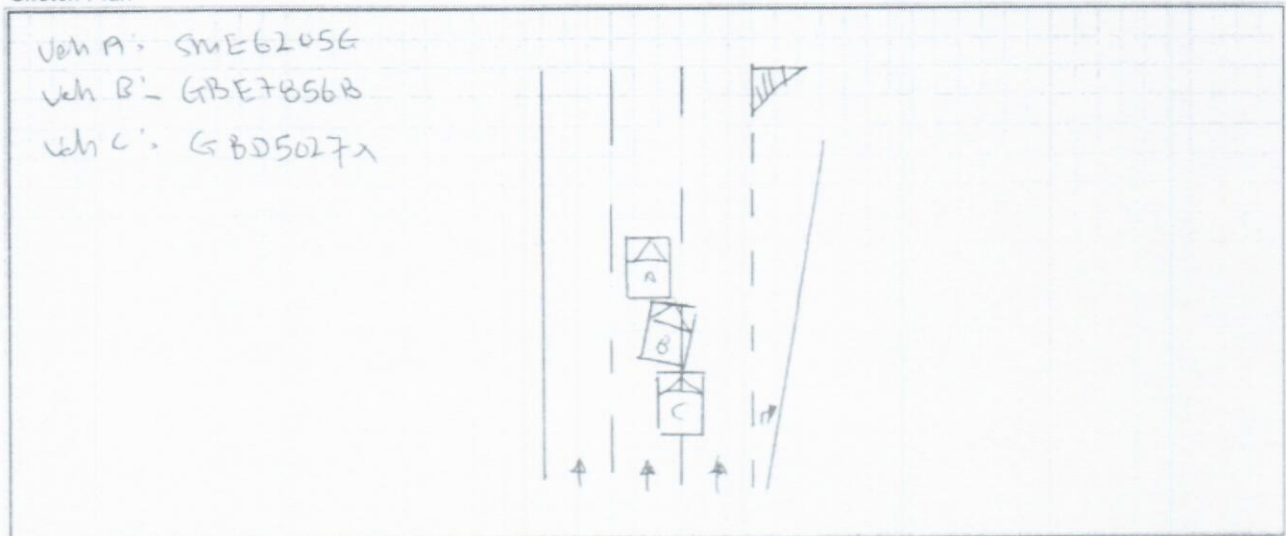
ACADEMIC EXCELLENCE  
REG. NO. 53283029J  
www.TUITIONWCADEW.com

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Handwritten notes in a lined box:

to the attached ✓

✓ Peter ✓

Declaration

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

ACADEMIC EXCELLENCE  
REG. NO. 53283029J  
www.TUITIONWCADEN.com

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/D card)

ON THE STATED DATE AND TIME. I, VEHICLE A (SME6205G) WAS TRAVELLING STRAIGHT ON LANE 3 OF LOYANG AVENUE TOWARDS PASIR RIS DRIVE 1. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (GBE7856B) THAT HAD COLLIDED ONTO MY VEHICLE.

I WISH TO STATE THAT THIS IS A 3 CARS CHAIN COLLISION.

**VEHICLE A : SME6205G**

**VEHICLE B : GBE7856B**

**VEHICLE C : GBD5027X**

