

ASS. REC. BY:

REF:

ASM/ 22007450/k

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

Bal. or Market Value:

IDAC Accident Rpt:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1) ~~OK~~ EM not ready

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$) :

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ - RS. SI

Fees

Others

TOTAL


Veh No:

SKC 3234

Yr Regn:

01, 17

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

Truck / Trailer or

Make:

BMW 730i

c.c

1998

Colour

M. White

A/C:

Insured / Std / NI / NA

Sp. Reading

2333609

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WBA 7E 020 40 G 245072

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

245/50R18

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

Front

R/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

1/8/22

Survey held at

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

O/S

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

Your NCD will be affected due to late reporting

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report accidents to the police to report to the police.
2. Information provided must be as truthful and accurate as possible. Any false information or withholding of material facts may affect insurance companies to repudiate policy claims.
3. The insurance company is not an admission of policy liability on the part of the insurance companies.
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5. The report will be forwarded to the Insurers of the GAA (General Association of Singapore (GAA) for archiving and for the purpose of the report, for a fee, to be made available upon application by interested parties.
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7. By the submission of this report to the Insurers, you hereby consent to the archiving of this report in the centre and to copies of the report being made available abroad.

### ACCIDENT STATEMENT

Date of Submission: 03/08/2022 17:38 (SGT)  
Reported by: Both  
Date of Accident: 01/08/2022 18:00 (SGT)  
Exact Location of Accident: Woodlands Ave 6, Singapore  
Additional Location Information: -  
Country/State of Loss: Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number: SKC323Y  
INSURED/CO-INSURER:  
Is company? No  
Name Of Registered Owner: Chan Jit Hu  
NRIC No: S7162001H  
Email Address: chenjituh@yahoo.com.sg  
Mobile Phone No: (Phone) +65-90223691  
Alternative Phone No: -

### VEHICLE PARTICULARS

Manufacturer: BMW  
Model: 730i  
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: 3000

### INSURANCE COMPANY

Name of Insurance Company: NTUC Income Insurance Co-operative Ltd  
Policy Number / Cover Note Number: 5115409085-02

### DRIVER

Name of Driver: Chan Jit Hu  
NRIC No: S7162001H  
Date Of Birth: 28/07/1971  
Occupation: Outdoor

Accident report SS2EZ2830008

Date Of Driving Pass: 17/03/2008  
Driving experience: 14 YEARS AND 5 MONTHS  
Gender: Male  
Mobile Number: (Phone) +65-90223691  
Alt. Phone Number: -  
Email Address: chenjituh@yahoo.com.sg  
Address: 5 Leedon Heights #31-09  
Address complement: -  
Postcode: 267352  
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): 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

refer attached report.

### 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: SHB2991X  
Vehicle Manufacturer: -  
Vehicle Model: -  
Vehicle Variant: -  
Vehicle Colour: -  
Vehicle Category: Taxi  
Name of Driver: -  
Contact Number: -

Accident report SS2EZ2830008



# **IMPORTANT NOTICE**

## **SKETCH PLAN**

1. Please report promptly 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 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 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 and 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 used outside of Singapore, for one or more of the above Purposes.

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 card)

Sketch Plan

