ASS	IGNMENT
From: Date:	Veh No: SKX9729R Yr Regn: 2016, Jan.
Estimated Cost:	Type M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
Fo Inspect Vehicle No:	Make: Horder Vezel c.c /486.
at Worlshop m/s	Colour Silve S - A/C: Insured / Std / NI / NA
f	Sp.Reading /58/36 T/Radio: Insured / Std / NI / NA
nsured	Eng/No:
Policy No.	C/No: RU11103966 *
Plaims No.	Gen. Cong. Good) Fair / Poor / Burnt
um Insured; Excess:	Steering: Inprder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inprder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 215/60R16-
(Policy Condition)	R: 215/60K16,
Remark The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
al. or Market Value:	<u>Front</u> Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 86 mm R/Bal. 89 mm
BIA / PR Seen: Consistent?: Yes or No	L/Bal. Ob mm L/Bal. ob mm
est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 15/08/22
um Sum: % 3 Val.: Yes or No	'Survey held at SM.
A / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
TP China.	
m√ :	
PV ;	
Nett:	
te/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
te/Time, File Return to?	Transportation.
Add Fed	
	: Interview (\$) Photos
	The state of the s

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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 yers/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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

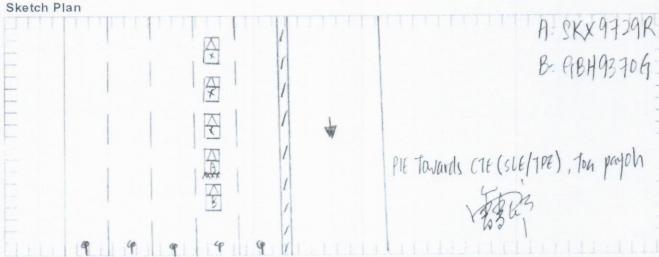
(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 yers/law firms), which may be sited 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was driving straight along PIE towards CTE(SLE/TPE), Toa Payoh at the 2nd lane of 5 lanes.
The traffic at that point of time was heavy, all vehicles in front of me were moving slowly and stopping intermittently.
A vehicle in front of me slowed down and stopped and I followed suit.
Suddenly, I felt a huge impact from behind. Veh "b" collided into the rear portion of my vehicle and caused damage.
Both of us alighted, veh "b" asked me to claim against his company insurance policy and we exchanged in particular and left the scene.

DECLARATION

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

1830

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.: