

ASS. REC. BY:

REF: INC/220080961kv

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Kian Teong

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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 883k

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 05 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: SLE 9289X Yr Regn: 05, 18

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

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

Make: NIS Note c.c. 1198

Colour: h-pilver A/C: Insured / Std / NI / NA

Sp. Reading: 46154 T/Radio: Insured / Std / NI / NA

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

C/No: JNITAA E 128 0980450

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: \_\_\_\_\_

R: \_\_\_\_\_

185/65R15

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

TOYO / YOKO or

Continental

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 20/8/22

Rear

R/Bal. 7 mm

L/Bal. 7 mm

D.O.I. 29/8/2022

Survey held at \_\_\_\_\_

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

O/S body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 Side mirror already changed.  
PRS, no estimate. (Pass lawyer)

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: \_\_\_\_\_

1) Date/Time, File Return to?

: Final Report

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation: \_\_\_\_\_  
S - RS. SI

Add Fee:  : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Photos

Others

TOTAL

Report Format :

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

# 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 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 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	22/08/2022 12:24 (SGT)
Reported by	Both
Date of Accident	20/08/2022 11:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JLN TOA PAYOH, NEAR ST.ANDREW'S VILLAGE DIOCESE GATE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ9289X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	THIAN SUNG CONSTRUCTION PTE LTD
Company Reg No	198302602K
Email Address	main@thiansung.com
Mobile Phone No	(Phone) +65-97739189
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Note
Variant	NISSAN / NOTE 1.2 CVT
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1198

## INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5122004429-01

## DRIVER

Name of Driver	PAN WEIKUN
NRIC No	S8586242A
Date Of Birth	24/01/1985

## SKETCH PLAN

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### 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

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

