

Ass. Fed. BY:

REF: CS/INC22008117/Avy3

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 **SLQ 9913A**

Policy No. _____

Claims No. **MT/1181548-002**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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: **SBK90X** Yr Regn: **2015, Lne.**

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

Truck / Trailer or

Make: **Toyota Vellfire** c.c. **2493**

Colour: **White** A/C: Insured / Std / NI / NA

Sp. Reading: **100378** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **AGH300014648**

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: **265/40 R19**

R: **265/40 R19**

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

TOYO / YOKO or

Front

Rear

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

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

D.O.A. **23/7/2022** D.O.I. **23/08/22**

Survey held at **Rydes AP**

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

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

Date / Time	Action / Instruction
	TP INC
11/11/22	Adrian informed final fig \$600 (Red 14,227.95, 95%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 11/11/22-typist

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

...S + RS...\$1

Facilities

Others

Add Fee:

☐

Site Insp \$

☐

Interview \$

☐

Technical \$

Report Form: TP (IBI)

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	25/07/2022 12:04 (SGT)
Reported by	Both
Date of Accident	23/07/2022 18:20 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS CITY BEFORE PIE CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR90X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAY SHU FEN FELICIA
NRIC No	S8133655E
Email Address	jim.koh@hotmail.com
Mobile Phone No	(Phone) +65-97863688
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2001790430-01

DRIVER

Name of Driver	KOH JIA WEI JIM
NRIC No	S8710318H
Date Of Birth	23/04/1987
Occupation	Indoor

Date Of Driving Pass	03/08/2006
Driving experience	15 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98763688
Alt. Phone Number	-
Email Address	jim.koh@hotmail.com
Address	4 MEI HWAN ROAD
Address complement	-
Postcode	568313
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Change/cross lane
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)	2
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	-

PASSENGER 1

Name	TAY SHU FEN FELICIA
Gender	Female

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

ON 23/07/2022, I WAS TRAVELLING ALONG CTE TOWARDS CITY BEFORE PIE (CHANGI) ON LANE 3. OUT OF SUDDEN, VEHICLE B CUT INTO MY LANE FROM LANE 2 AND HIT ONTO MY VEHICLE A FROM THE RIGHT SIDE. DAMAGE WAS ON THE RIGHT SIDE FRONT TO REAR. WE STOP AT THE ROAD SHOULDER AND EXCHANGE PARTICULARS. I WOULD LIKE TO STATE THAT THE OTHER PARTY HAD ADMIT HIS NEGLIGENCE OF DRIVING AND HAS ALSO SENT ME A WORKSHOP AS A PROVE THAT HE WILL BE LIABLE FOR ALL MY VEHICLE DAMAGES.

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	SLQ9913A
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HEE MIN WEI
NRIC No	S9924005I
Contact Number	(Phone) +65-97112938
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

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 willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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.

x *[Signature]*

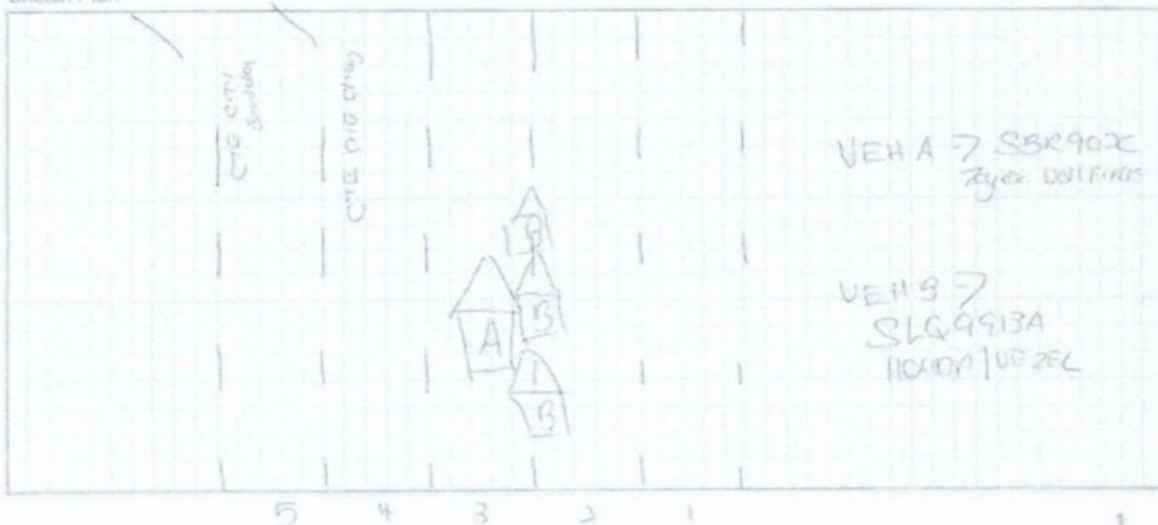
Policyholder's Signature / Date & Time

[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

23/07/2022 18:20hrs, I was travelling along CTE > City Service
 the change on the lane 3. Out of sudden vehicle 8 came into my lane
 from lane 2 and hit over my vehicle 4 from the right side.

Damage was on the right side from the rear. We stop at the road shoulder
 and exchange particulars. I would like to state that the other party had
 admit his negligence of driving and had also sent me a whatsapp as a
 prove that he will be looking for all my vehicles ~~damages~~ damages.

Declaration

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


 Policyholder's Signature (Date & Time)


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

Witnessed by Reporting Person
 (Name as in ID/ICD card)