

ASS. P.C. BY:

REF: CS/AGI22009090/Avy3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / T / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured **SLE 6054L**

Policy No. _____

Claims No. **C10017284/CD**

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: **9BJ 7058L** Yr Regn: **2019 / July**

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

Truck / Trailer or

Make: **Toyota Dyna** c.c **2982**

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

Sp.Reading **84317** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JTFAT35Y50K213758**

Gen. Cond **Good** / Fair / Poor / Burnt

Steering: **Inorder** / Jammed / Leaked / Burnt or

Brake: **Inorder** / Jammed / Leaked / Burnt or

Modi: **Nil** / S/Rim / STD A/Rim or

Tyre Size: F: **195R15C** **Condor**

R: **155R12C** **Torador**

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

TOYO / YOKO or **Sumit**

Front

Rear

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

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

D.O.A. **2/9/2022** D.O.I. **15/09/22**

Survey held at **KT. Mubarakz**

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 Budget Direct
20/11/22	Adrian informed LS \$4000 (Red 16,400.63, 80%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) **25/11/22-typist**

Days Of Repair: **5**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

Report Format

TP

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

3 + RS. SI

Photos

Others

SJ0E22930001 / Jin Auto Services Pte Ltd
ENTRY DATE & TIME: 03/09/2022 09:55 (SGT)
SUBMITTED BY: Lim Hong Guo
VERSION: 1 (03/09/2022 09:55 (SGT))

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	03/09/2022 09:55 (SGT)
Reported by	Driver
Date of Accident	02/09/2022 15:50 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7058L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SENG HUA HNG FOODSTUFF PTE LTD
Company Reg No	198001761D
Email Address	DESMOND.LOH@CAMELNUTS.COM
Mobile Phone No	(Phone) +65-92996828
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	150 5MT
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00085552203

DRIVER

Name of Driver	LI KUN
Work Permit No	G5382277R
Date Of Birth	20/03/1988

Date Of Driving Pass	26/10/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92990631
Alt. Phone Number	-
Email Address	DESMOND.LOH@CAMELNUTS.COM
Address	127 DEFU LANE 10
Address complement	-
Postcode	539234
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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

I was travelling straight along Upper Bukit Timah Road. Suddenly, i felt an impact from the rear of my vehicle. Then i realised that vehicle B has collided to the rear of my vehicle. No one was injured.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE6054L
Vehicle Manufacturer	Suzuki
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.

L. Kim
Policyholder's Signature

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

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

Sketch Plan

	Don: 02/01/2002, 15:00pm A: GRS 7058 L B: SLE 6054 L
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Describe Circumstance of the Accident

I was travelling straight along Upper Bukit
Timah Road. Suddenly, I felt an impact from the rear of
my vehicle. Then I realised that vehicle B has collided
to the rear of my vehicle. No one was injured

Declaration

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

[Signature]



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]



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