

ASSIGNMENT

PRS

Front:

Date:

Estimated Cost:

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

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est Repairs:

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMR 1774A

Yr Regn:

19/7/17

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

Truck / Trailer or

Make:

Honda Jade

c.c 1496

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading

59265

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JHMPR860FC200321

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/45ZR18

R:

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

TOYO / YOKO or :

Front

R/Bal.

5

mm

Rear

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

4/8/22

D.O.I.

11/8/22

Survey held at

K-Tec

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

MK-83K

Repair range 2K-3K
5 days

Date/Time, File Pass to?

: Prel. Report

: Final Report

1)

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L.B.A. (\$)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

: Site Insp (\$)

: Interview (\$)

: Tech. Invs (\$)

: Weekend (\$)

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	08/08/2022 16:27 (SGT)
Reported by	Both
Date of Accident	04/08/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG RIVER VALLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ1774A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RYAN WU WEN HAO
NRIC No	S8112419A
Email Address	RYANWU8893@GMAIL.COM
Mobile Phone No	(Phone) +65-90018382
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	JADE HYBRID 1.5
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	1500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210139699

DRIVER

Name of Driver	RYAN WU WEN HAO
NRIC No	S8112419A
Date Of Birth	30/04/1981
Occupation	Indoor

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

26/10/2001
20 YEARS AND 10 MONTHS
Male
(Phone) +65-90018382
-
RYANWU8893@GMAIL.COM
BLK 192 WESTWOOD AVENUE
#06-26
648151
Yes
-
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
No
-
Yes
3
No
-
-
-
-
-

PASSENGER 1

Name
Gender

UNKNOWN
Male

PASSENGER 2

Name
Gender

UNKNOWN
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

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

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
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)

SMW4471Y

-

-

-

-

Private car

-

(Phone) +65-97667289

-

-

-

-

-

-

-

-

ST/001/11/01/11

REPORTING NOTICE

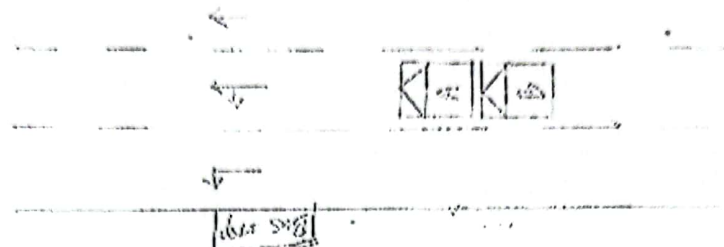
- I, the undersigned, hereby acknowledge that I have read and understood the above information and I agree to provide the following information to the General Insurance Association of Singapore (GIA) for inclusion and the long-term use of this report and for a fee by my car's insurer or an appointed representative.
- I agree to use the policy to which this Policy (in part) relates.
- I agree to be bound by the terms of the GIA Records Mark provided by the General Insurance Association of Singapore (GIA) for inclusion and the long-term use of this report and for a fee by my car's insurer or an appointed representative.
- I agree to use the report to the insurers, and to consent to the inclusion of this report in the report and to copies of the report being made available to the insurers.
- I consent under the Personal Data Protection Act (PDPA) to:
1. I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be 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 a "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/department (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 envelope/mail packages); and/or
 - (v) complying with applicable laws in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (b) If 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 situated outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected, used to compile a claims history for the purpose of fraud detection, investigation and management in present and future claims.
 - (e) the Personal Information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or settling fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature
(If Driver is not the policyholder)

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

Rep. the Centre Person's Signature
Name
NR/C/PR No





River Valley Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (A) was going along River Valley Road. My car (A) was stopped at the traffic junction. Suddenly Veh (B) came on my way.

Empty lined area for describing the circumstances of the accident.

☐ Driver's License
☐ Certificate of Insurance
☐ Certificate of Vehicle Registration
☐ Certificate of Title
☐ Other

[Signature]
 Date: *[Signature]*

Name of Driver
 Address of Driver
 Date of Birth

Name of Witness
 Address of Witness
 Date of Birth