

Ass. Rec. By:

Ref:

CS/CTI22009761/Any3

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: _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 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: GBJ66714 Yr Regn: 2019, July

Type: M.Cár / 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: 160874 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFA T35Y60K213686

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 Farroad

R: 155R12C farroad

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. _____ D.O.I. 04/10/22

Survey held at Twin Cars

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
	<u>TP China -</u>
	Adrian confirmed lump sum: \$3500 and 4 days
	MV: (red, 3628.80, 51%)
	PV:
	Nett:

Date/Time, File Pass to?

1) 23/12/22

Date/Time, File Return to?

2) _____



Prel. Report



Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$ _____)

☐ Interview (\$ _____)

☐ Tech. Insp (\$ _____)

\$ + RS. \$

Photos

Others

Report Format: tp

VEHICLE NO: GBJ 6671 Y

MAKE & MODEL: Toyota Dyna

AUTO / MANUAL

DATE OF ACCIDENT	23 / 09 / 2022		*C.C:
TIME OF ACCIDENT	10:35 AM PM		
LOCATION OF ACCIDENT	Macpherson rd towards Bendene rd before Aljunied rd		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER	Actinium Engineering Pte Ltd		
EMAIL: WLYEO@ACTINIUM.SG	Office:	MOBILE: 9877 1116	
NRIC	20111223H		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY:	YES / NO?		
INSURANCE CO.	China Taiping		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	DMCVSNW 00072 192203		
NAME OF DRIVER	AS ABOVE / IF NO: Tan Chai Hong		
NRIC	S1156848C		
DATE OF BIRTH	11 / 06 / 1956		
ANY PASSENGER	YES / NO:		
NAME OF PASSENGER	N.A.		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	65 / 01 / 1980		
GENDER	Male / Female		
CONTACT NO.	Mobile: 91781331		Office: Home:
EMAIL:	-		
ADDRESS	942 Jurong West Str 91 #02-453 (S) 640942		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No:		INSURER:
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	NO / If yes: Who?		
CONTACT NO.			
POLICE REPORT	NO / If yes: Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES: WHO?		
VEHICLE B NO.	GX 8851 Z	Any Passenger: N.A.	
NAME	Lim Cheow	A/K	
CONTACT NO.	8133 9313		
VEHICLE C NO.	G8F 4796 E	Any Passenger: 1(m)	
VEHICLE D NO.		Any Passenger:	
VEHICLE E NO.		Any Passenger:	
VEHICLE F NO.		Any Passenger:	
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES / NO		
WAS THERE ANY AUDIO RECORDED?	YES / NO		
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO		
**WORKSHOP:	TWINCAR Automotive Pte Ltd		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO		

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 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. 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 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' 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.

ACTINIUM ENGINEERING PTE LTD
27D Loyang Crescent, Blk 104C, TOPS Ave 1,
Loyang Offshore Supply Base, Singapore 506823
Tel: 6789 9888 Fax: 6789 2322

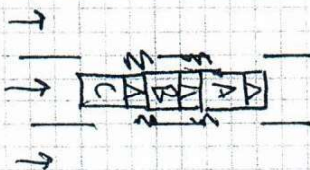
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(Bus stop Opp Jin muhibbah)



A - GBJ 6671Y
B - GX 8851Z
C - GBF 4796E

Macpherson rd towards Bendemeer rd before Aljunied rd

Describe Circumstances of the Accident

As per above date and time, I was driving GBJ6671Y along Macpherson rd towards Bendorneer rd on the center lane. Somewhere before Aljunied rd, vehicles in front of me slowed down and stopped due to traffic light ahead was red. As such, I applied brake and stopped accordingly. Out of sudden, I felt an impact from the rear. I alighted and discovered Veh(C) GPF4796E collided onto Veh(B) GX8851Z rear portion and Veh(B) collided onto my vehicle rear portion. I was involved in 3-vehicles chain collisions accident.

Declaration

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

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Policyholder's Signature / Date &
Time

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& Time

Witnessed by Reporting Centre
Personnel