

ASS. REC. BY:

REF:

## 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: \_\_\_\_\_ 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: YQ 193R Yr Regn: 2019, Jan.

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

Truck / Trailer or

Make: Hino XZ4T0R c.c. 4009Colour: Green A/C: Insured / Std / NI / NASp. Reading: 165182 T/Radio: Insured / Std / NI / NA

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

C/No: JHHUCV3H40K028764Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModif: Nil / S/Rim / STD A/Rim orTyre Size: F: 7.00R16 ArivaR: 7.00R16 Swallow

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

TOYO / YOKO, or

Front

Rear

R/Bal. ob mm R/Bal. ob mmL/Bal. ob mm L/Bal. ob mmD.O.A. \_\_\_\_\_ D.O.I. 04/10/22Survey held at PL # PerfectDes. 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 1st Cap.

MV:

PV:

Nett:

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

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

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

Survey Fee:

Transportation:

Add Fee: ☐ Site Insp (\$

3 + RS. \$)

☐ Interview (\$

Photos

☐ Techn. Inve (\$

Others

Report Formet: \_\_\_\_\_

## 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	03/10/2022 17:33 (SGT)
Reported by	Driver
Date of Accident	03/10/2022 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE (CTE) AFTER MANDAI AVENUE EXIT NEAR LP 384
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ193R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SKK WORKS PTE LTD
Company Reg No	2XXXXX018c
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-87776996
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hino
Model	XZU710R 14FT WIDE CAB 5T
Variant	-
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	Auto
CC	4009

#### INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	-

#### DRIVER

Name of Driver	VEERAAIAH RAMU
Passport No/FIN	FXXXX224K
Date Of Birth	23/01/1976
Occupation	Indoor

Date Of Driving Pass	05/09/2016
Driving experience	6 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84021077
Alt. Phone Number	-
Email Address	abc8627e@gmail.com
Address	27 FIRST LOK YANG ROAD
Address complement	-
Postcode	629735
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)	12
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	NG KIM HOR
Gender	Male

#### PASSENGER 2

Name	TAN CHIN HUAT
Gender	Male

#### PASSENGER 3

Name	ASADUZZAMAN
Gender	Male

#### PASSENGER 4

Name	T. SANAVANAN
Gender	Male

#### PASSENGER 5

Name	HOSSAIN MD RIYAD
Gender	Male

#### PASSENGER 6

Name	NIZAM UL HASAN
Gender	Male

#### PASSENGER 7

Name	ASHOK MOJMDER
Gender	Male

## PASSENGER 8

Name ..... SHAIKH MD FURQUEK  
 Gender ..... Male

## PASSENGER 9

Name ..... RASEL  
 Gender ..... Male

## PASSENGER 10

Name ..... ALAMIN DEWAND MD  
 Gender ..... Male

## PASSENGER 11

Name ..... SARKER SUBROOH  
 Gender ..... Male

## 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 THE STATED DATE & TIME, I, VEHICLE A (YQ193R) WAS TRAVELING STRAIGHT ON LANE 3 OF SLE (CTE) AFTER MANDAI AVENUE EXIT NEAR LP 384. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED, I THEN REALISE THAT IS VEHICLE B (GBC9753L) THAT HAD COLLIDED ONTO MY VEHICLE.

I WISH TO STATE THAT I GOT 12 PASSENGERS IN MY CAR.

VEHICLE A: YQ193R  
 VEHICLE B: GBC9753L

## PASSENGER LIST

- 1) NG KIM HOR (MALE)
- 2) TAN CHIN HUAT (MALE)
- 3) ASADUZZAMAN (MALE)
- 4) T. SAMAVANAN (MALE)
- 5) HOSSAIN MD RIYAD (MALE)
- 6) NIZAM UL HASAN (MALE)
- 7) ASHOK MOJMDER (MALE)
- 8) SHAIKH MD FURQUEK (MALE)
- 9) RASEL (MALE)
- 10) ALAMIN DEWAND MD (MALE)
- 11) SARKER SUBROOH (MALE)

## 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 ..... GBC9753L  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 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) .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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' 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

veh A: YQ193R  
veh B: G13C9753L

