

ASS. FILE 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: SLG 3930S Yr Regn: 2016 / Sept.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Infinity Q30 c.c. 1461Colour: Black A/C: Insured / Std / NI / NASp. Reading: 86552 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SJKDAAH15U1012578Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/50R18R: 235/50R18

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 27/09/22Survey held at SMDes. 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 A16</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

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 (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Inve (\$ _____)

S + RS. \$ _____

Photos _____

Others _____

Report Formed: _____

Form No. 1001 / 1002 / 1003 / 1004 / 1005 / 1006 / 1007 / 1008 / 1009 / 1010 / 1011 / 1012 / 1013 / 1014 / 1015 / 1016 / 1017 / 1018 / 1019 / 1020 / 1021 / 1022 / 1023 / 1024 / 1025 / 1026 / 1027 / 1028 / 1029 / 1030 / 1031 / 1032 / 1033 / 1034 / 1035 / 1036 / 1037 / 1038 / 1039 / 1040 / 1041 / 1042 / 1043 / 1044 / 1045 / 1046 / 1047 / 1048 / 1049 / 1050 / 1051 / 1052 / 1053 / 1054 / 1055 / 1056 / 1057 / 1058 / 1059 / 1060 / 1061 / 1062 / 1063 / 1064 / 1065 / 1066 / 1067 / 1068 / 1069 / 1070 / 1071 / 1072 / 1073 / 1074 / 1075 / 1076 / 1077 / 1078 / 1079 / 1080 / 1081 / 1082 / 1083 / 1084 / 1085 / 1086 / 1087 / 1088 / 1089 / 1090 / 1091 / 1092 / 1093 / 1094 / 1095 / 1096 / 1097 / 1098 / 1099 / 1100 / 1101 / 1102 / 1103 / 1104 / 1105 / 1106 / 1107 / 1108 / 1109 / 1110 / 1111 / 1112 / 1113 / 1114 / 1115 / 1116 / 1117 / 1118 / 1119 / 1120 / 1121 / 1122 / 1123 / 1124 / 1125 / 1126 / 1127 / 1128 / 1129 / 1130 / 1131 / 1132 / 1133 / 1134 / 1135 / 1136 / 1137 / 1138 / 1139 / 1140 / 1141 / 1142 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SKETCH PLAN

SM - ALG
LKK Adrian

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' 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

A: SLG 3930S
B: GU 9166B

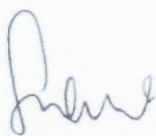
CTE TOWARDS SLE BEFORE JLN BAHAGIA

Describe Circumstances of the Accident

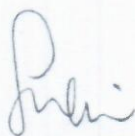
I WAS TRAVELLING ALONG CTE TOWARDS SLE ON THE LEFT
MOST LANE OF 4 LANES, AS I WAS TRAVELLING STRAIGHT SOMEWHERE
BEFORE JLN BAHAGIA EXIT, VEHICLE IN FRONT BRAKE TO STOP, I
ALSO BRAKE TO STOP WHEN SUDDENLY ONE MOTOR E49166B CAME
FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY
VEHICLE.

Declaration

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 Centre
Personnel