ASS. REG. BY: REF: CS/MSG22009852/AGqy3

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 Rport: ______ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: ______ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: ______ Person Contacted: ______

Veh No: SNG6585L Yr Regn: 2022, August.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Subaru Forester. c.c 1995

Colour: Red. A/C: Insured / Std / NI / NA

Sp.Reading: 9748 T/Radio: Insured / Std / NI / NA

Eng/No: ______

C/No: JF1SK7KL5MG060649.

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: 225/60R17. R: 225/60R17.

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.	10/10/22.	

Survey held at: Advance.

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 MSIG.
	LS $5200, 6 days. (Red $7352.60, 59%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

1) 24/04 tYpist

Date/Time, File Return to?

2) ______

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ : Tech. Inve ($ ______)

Survey Fee:

Transportation:

___S + RS.___SI

Photos

Others

Report Format: MER-TP

Lum. Sum [redacted] 5200

VEHICLE NO: SNG 6585L	MAKE & MODEL: SUBARU FORESTER AUTO / MANUAL
DATE OF ACCIDENT	30 / 09 / 2022 CC 2.0L
TIME OF ACCIDENT	16:45 AM / PM
LOCATION OF ACCIDENT	AYE TOWARDS MCE BEFORE SOUTH BUONA VISTA ROAD EXIT
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	GOLDEN JINNAH PTE. LTD.
EMAIL myusooff@gmail.com	Office MOBILE 94522441
NRIC	200205733Z
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY	YES / NO ?
INSURANCE CO	AIG
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	COVER NOTE NO: 7220098609
NAME OF DRIVER	AS ABOVE / IF NO: MUHAMMAD YUSOOFF S/O MOHAMED ALI JINNAH
NRIC	S8919314A
DATE OF BIRTH	07 / 06 / 1989
ANY PASSENGER	YES / NO:
NAME OF PASSENGER	
GENDER OF PASSENGER	MALE / FEMALE
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	21 / 01 / 2008
GENDER	Male / Female
CONTACT NO	Mobile 94522441 Office
EMAIL	myusooff@gmail.com
ADDRESS	BLK 53 PIPIT ROAD #06 96 S(370053)
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?
CONVEYED BY AMBULANCE	No / If yes, Who?
POLICE REPORT	No / If yes, Where?
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?
VEHICLE B NO.	SLR3185T Any Passenger: 0
NAME	
CONTACT NO	
VEHICLE C NO	SLD7016X Any Passenger: 0
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
Who is Reporting	**Driver / Owner / Both**
Original Language Used	**English / Mandarin / Others:**
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 lodgment 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.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management on present and all future claims.

   (e) the 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 managing 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.

GOLDEN JINNAH PTE LTD

Policyholder's Signature:
Date & Time:

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

Reporting Centre Personnel's Signature:
Name:
NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my Accident report to my workshop _____ via email / fax
Signature: _____

SKETCH PLAN

AYE towards MCE before South Buona Vista exit.

(A) SNG 6585L
(B) SLR3185T
(C) SLD7016X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/9/2022 at about 1645hrs at along AYE towards MCE before South Buona Vista Road exit. I was travelling on the extreme right lane and my front vehicle slow down and stop due to heavy traffic and I follow suit.

Suddenly, I heard a loud bang from behind and when I alighted, I realised it was Vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. It was a chain collision of 3 vehicles involved.

(A) SNG 6585L
(B) SLR3185T
(C) SLD 7016X

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

GOLDEN HAWK PTE LTD

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: