

ASS. REG. BY:

REF: CS/CTI22010101/Avy3

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: **SLU 5118J**

Policy No. **DMHCSNA00008152201**

Claims No. **SNM22D207271/C02/LEWLC**

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: **SJR42596** Yr Regn: **2009 / June.**

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

Truck / Trailer or

Make: **Mit Lancer** C.C. **1499.**

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

Sp. Reading: **130179.** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **JMYSRCY2A94004290**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **225/45R17**

R: **225/45R17**

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

TOYO / YOKO or

Tourados

Front

Rear

R/Bal. **06** mm R/Bal. **06** mm

L/Bal. **06** mm L/Bal. **06** mm

D.O.A. **1/10/2022** D.O.I. **25/10/22**

Survey held at **Hue Mary.**

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 Chian.
20/12/22	Adrian informed LS \$1500 (Red 4070.92, 73%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

☐

Prefi. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 22/12/22-typist

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

S + RS: \$

Photos

Other

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Inve (\$

Report Format: **Merimen**

LS \$1500

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	02/10/2022 16:36 (SGT)
Reported by	Driver
Date of Accident	01/10/2022 20:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF TIONG BAHRU ROAD, SENG POH ROAD, ZION ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4259G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMAD KAMARULZAMAN BIN OSMAN
NRIC No	S1537593J
Email Address	Hailstorm882@gmail.com
Mobile Phone No	(Phone) +65-80286573
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	GLS
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	Income Insurance Limited
Policy Number / Cover Note Number	5128741387

DRIVER

Name of Driver	AHMAD HAIL AMIRUN BIN MOHAMAD KAMARULZAMAN
NRIC No	S9725145B
Date Of Birth	01/08/1997

Occupation	Indoor
Date Of Driving Pass	19/11/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87662062
Alt. Phone Number	-
Email Address	Hailstorm882@gmail.com
Address	BLOCK 425 BEDOK NORTH ROAD
Address complement	#02-529
Postcode	460425
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
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)	3
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	MOHAMAD KAMARULZAMAN BIN OSMAN
Gender	Male

PASSENGER 2

Name	ZALINAH
Gender	Female

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

THERE WERE 4 LANES IN TOTAL AND I WAS ON THE 3RD LANE, WHERE I COULD GO STRAIGHT ONTO TIONG BAHRU ROAD AND ZION ROAD. I WAS TRAVELLING STRAIGHT NEGOTIATING A RIGHT-TURN ONTO ZION ROAD, WITHIN MY LANES (GUIDED BY DOTTED LINE) WHEN I EXPERIENCED A COLLISION FROM THE REAR OF MY VEHICLE. I IMMEDIATELY STOPPED MY VEHICLE BUT THE OTHER PARTY ATTEMPTED TO DRIVE OFF UNTIL WHEN MY DAD CAME OUT OF THE VEHICLE AND SHOUTED AT THE OTHER PARTY BEFORE THE DRIVER CAME DOWN FROM THE VEHICLE.

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	SLU5118J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	UNKNOWN MALE CHINESE
Contact Number	(Phone) +65-94894730
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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 enquires 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

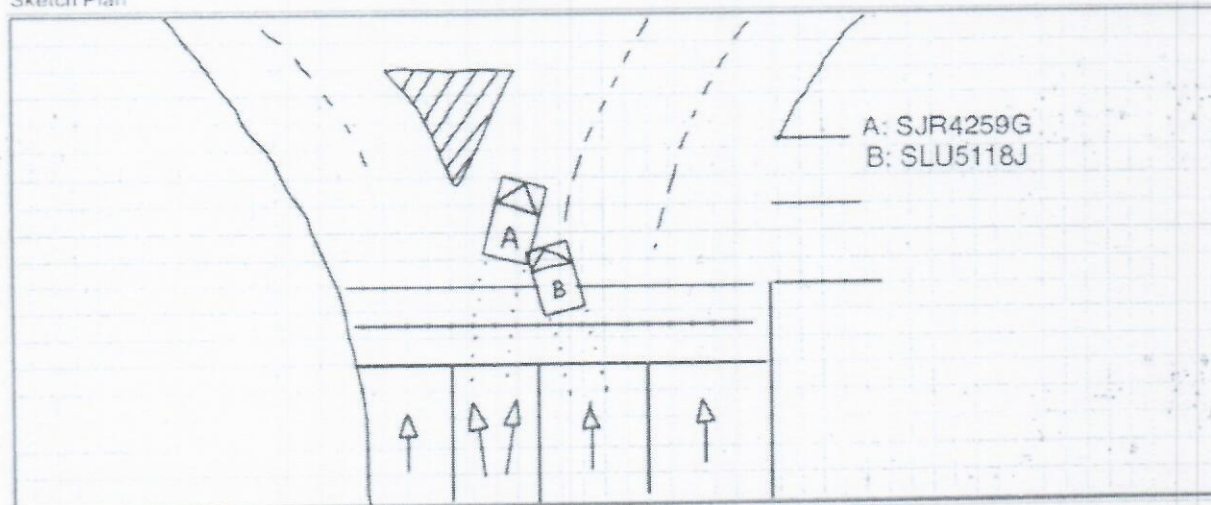
Driver's Signature (if driver is not the policyholder) / Date & Time

Ignatius Lim

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

02/10/2022, 1500

Sketch Plan



Describe Circumstance of the Accident

Refer to GEARs

Declaration

I/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

02/10/2022, 1500

Ignatius Lim

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

2