

ASS. RECD BY:

Steve

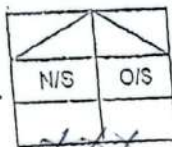
CS/AWA 22 0101.92/ERY3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 DO (TP) / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: **YM 7249P**
 Policy No. **BVFCB0013872201**
 Claims No. **NSV2200165HLF**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Est. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 G/A / 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **VP 1890X** Yr Regn: **13/11/17**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: **Hino 6H8** c.o. **7685**
 Colour: **white** A/C: Insured / Std / HI / NA
 Sp. Reading: **375165** T/Radio: Insured / Std / HI / NA
 Eng/No: _____
 C/No: **618JRM10388**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: NII / S/Rim / STD A/Rim or
 Tyre Size: F: **295/80R22.5**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front R/Bal. **5** mm R/Bal. **5** mm
 L/Bal. **5** mm L/Bal. **5** mm
 D.O.A. **10/10/22** D.O.I. **27/10/22**
 Survey held at **Goldbell**
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roofcap or

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction
24/2/23 **Final fig \$14,185 confirmed by email (red 2730, 16%)**
waiting estimate

Date/Time, File Pass to?

☐ : Prell. Report
☐ : Final Report

Date/Time, File Return to?

2) 24/2/23-typist

Report Format: **TP**Lump Sum / L.B.J. (\$) **\$14,185**Days Of Repair: **4**Resurvey No. of Trip: **2**

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Price

Others

TOTAL

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	11/10/2022 18:35 (SGT)
Reported by	Driver
Date of Accident	10/10/2022 15:22 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD INTO UPPER JURONG ROAD FROM PIE(TUAS).
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7890X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RICHLAND LOGISTICS SERVICES PTE LTD
Company Reg No	199500443D
Email Address	Sharifah.jamil@richlandlogistics.com
Mobile Phone No	(Phone) +65-83529699
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	GH
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	Manual
CC	9

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114070704-02

DRIVER

Name of Driver	SUBRAMANIYAN SIVA
Passport No/FIN	G6542934P
Date Of Birth	20/06/1989
Occupation	Outdoor

Driving Pass
experience
er
ile Number
Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

15/02/2017
5 YEARS AND 8 MONTHS
Male
(Phone) +65-83529699
-
Sharifah.jamil@richlandlogistics.com
5 JOO KOON CIRCLE
-
629118
No
Employee
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Clear
Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?
Translator's name
Translator's ID
Translator's phone number
Translator's email
Original language used in the statement

No
2
No
-
Yes
2
No
-
-
-
-
-

PASSENGER 1

Name
Gender

ALI
Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?
If yes, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes
Yes
WILL PROVIDE VIDEO TO INSURANCE WHEN REQUIRED.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model

YM7249P
-
-

Variant
Colour
Category
Name of Driver
Passport No/FIN
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
Commercial vehicle
MUTHU MANO
G8409548L
(Phone) +65-82635023
-
-
-
-
-
1

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 willful 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.

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.



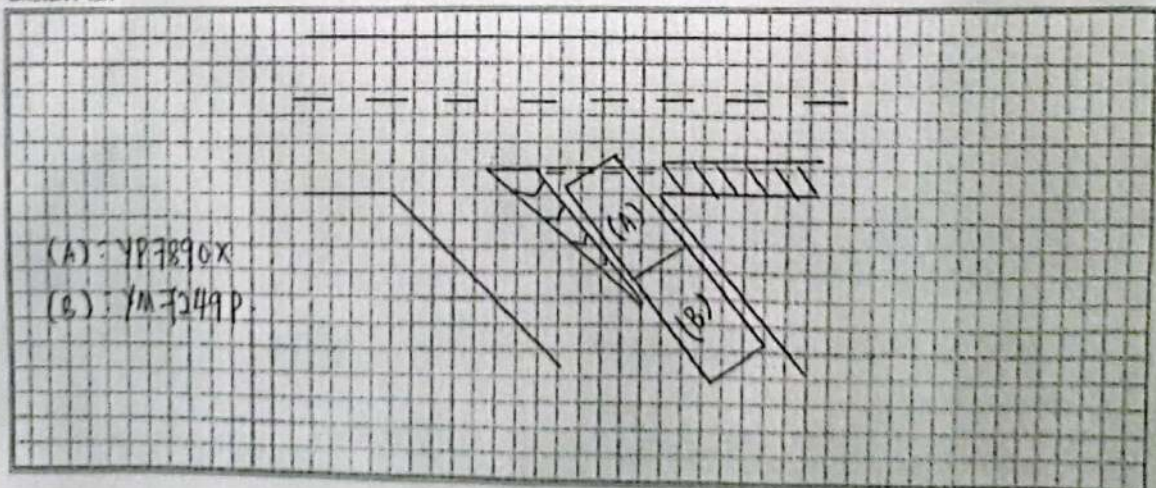
Policyholder's Signature/Date & Time

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

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

5993335

Sketch Plan




1

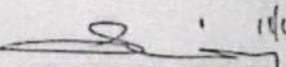
Describe Circumstance of the Accident

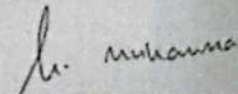
On 10/10/2022 @ 1522 hrs, I was driving my company truck YP7890X along PIE (Tuas). I filtered out to slip road towards Upper Jurong Rd. When I reaching the junction, I stopped my truck and out of sudden I felt an impact from behind. I pulled up and alighted to check the condition. I found a truck YM7249P collided onto rear of my truck. After the incident, we exchanged the particulars for insurance claim purpose and left the accident scene. No injury for both parties at times of incident.

Declaration

(We declare the foregoing particulars are true in every respect)


Policyholder's Signature / Date & Time

 11/10/2022 1730hrs
Driver's Signature (if driver is not the policyholder) / Date & Time

 Muhammad Nizar A. Ali
Witnessed by Reporting Centre Personnel (Name as in NRICID card) 5997725