

ASSIGNMENT

From: PRS Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: _____
 at Workshop no: _____
 Insured: _____
 Policy No. _____
 Claims No. S1M03JKD
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SM X 7076E Yr Regd: 22/2/19
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota VOS No: 1496
 Colour: Silver A/O: Insured / Std / NI / N
 Sp. Reading: 36922 T/Radio: Insured / Std / NI / N
 Eng/No: _____
 C/Nr: MR0B 23F 3X:01165000
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In Order / Jammed / Locked / Burnt or
 Brakes: In Order / Jammed / Locked / Burnt or
 Mod: Nil / B/Rim / STD A/Rim or
 Tyre Size: Ft 185/55R15
 RI: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or DUNLOP
 Front R/Bal: 4 mm Rear R/Bal: 4 mm
 L/Bal: 4 mm U/Bal: 4 mm
 D.O.A. 7/10/21 V-FIX D.O.L. 8/12/21
 Survey held at _____
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Roof/Top or
 The U/S / CHASSIS frame / Body Structure affected due to collision



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.
 Red. or Market Value: _____
 IDAC Accident Report _____ Consistent? : Yes or No
 GIA / PR Seat _____ Consistent? : Yes or No
 Est. Repairs: 18 days Res.: Yes or No
 Cum Sum: _____ % 3 Val.: Yes or No
 QA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>MR-67K</u> Repair range <u>9K-10K</u> <u>18 days</u>
	Estimate COR: \$12K-\$13K
11/10/21	Submit PRS.
02/11/22	Submit final fig \$18329.69, 13 days (Red \$2573.38, 12%)

Days Of Repair: 13
 Resurvey No. of Trips: _____
 Add Fee: Site Insp (\$ _____) Final Report
 Interview (\$ _____) Prell. Report
 Tech. Inve (\$ _____) Final Report
 Weekend (\$ _____) Other
 Survey Fee: _____
 Transport: _____
 Total: _____
 Date/Time, File, Resolv: _____
 02/11 Typist _____
 Date/Time, File Return to: _____
 TP
 18329.69

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 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. 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	08/10/2021 13:45 (SGT)
Date of Accident	07/10/2021 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TUNNELTOWARDS PASIR PANJANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX7076E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LLMS LOGISTICS PTE LTD
Company Reg No	2XXXXX781K
Email Address	WSKOH@VFIXAUTO.COM.SG
Mobile Phone No	(Phone) +65-64552957
Alternative Phone No	+65-64552957

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	-
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	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	KWEK HOWE HENG
NRIC No	SXXXX335G

Date Of Birth	16/04/1979
Occupation	Indoor
Date Of Driving Pass	16/04/1979
Driving experience	42 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88225750
Alt. Phone Number	-
Email Address	WSKOH@VFIXAUTO.COM.SG
Address	BLK 619D PUNGGOL DR
Address complement	#13-741
Postcode	824619
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4019R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number -
Vehicle Manufacturer SGS6881B
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category -
Name of Driver Private car
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number -
Vehicle Manufacturer SKV265G
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category -
Name of Driver Private car
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

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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 report 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 lodging 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 in 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.



Policyholder's Signature
Date & Time:



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

Reporting Centre Personne's Signature
Name:
NRIC/PRN No.:

