

ASS. REC. By:

Steve

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 QD / ☒ 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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Est. or Market Value: _____
 IDAC Accident Report: _____ 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: XD 27563 Yr Regn: 10/6/08
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mitsubishi PP51 c.c. 17,882
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 230771 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: PP51 JDA 00616
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 295/80R225
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front
 R/Bal. 4 mm
 L/Bal. 4 mm
 D.O.A. 25/10/21
 Survey held at Red Ants
 Des. of Damages: ☒ Frt / ☒ Rear / O/S / N/S / UIC / Rooftop or

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

Date/Time Action/Instruction

MR-45K

Waiting estimate

Date/Time, File Pass to?

☐ : Prelim. Report
☐ : Final Report

Date/Time, File Return to?

2)

Report Formlet:

Lump Sum / L.B.H. (%)

Days Of Repair:

Resurvey No. of Trip:

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	25/10/2022 14:11 (SGT)
Reported by	Driver
Date of Accident	25/10/2022 10:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE (TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD2756J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SENG GUAN CONTAINER SERVICE
Company Reg No	52287700A
Email Address	SENGGUANCONTAINERSERVICE@GMAIL.COM
Mobile Phone No	(Phone) +65-83857519
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fp517dr2rdeb
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	12882

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z22VC05011809

DRIVER

Name of Driver	LI XINZHONG
Work Permit No	G3135163X
Date Of Birth	09/01/1978
Occupation	Outdoor

e Of Driving Pass
 iving experience
 nder
 Mobile Number
 Alt. 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

09/06/2015
 7 YEARS AND 4 MONTHS
 Male
 (Phone) +65-83857519
 -
 SENG GUAN CONTAINERSERVICE@GMAIL.COM
 SENG GUAN CONTAINER SERVICE
 -
 -
 No
 Employee
 No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Chain Collision
 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
 3
 No
 -
 Yes
 1
 No
 -
 -
 -
 -
 -

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?

Yes
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category
 Name of Driver
 Contact Number

XD2574S
 -
 -
 -
 -
 Commercial vehicle
 -
 -

ess	-
dress complement	-
ostcode	-
nsurance 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	YN4308S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

KETCH PLAN

SKETCH PLAN

COMPACT

IMPORTANT NOTICE

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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 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 if needed.
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 be 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 be 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 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.

25/10/22

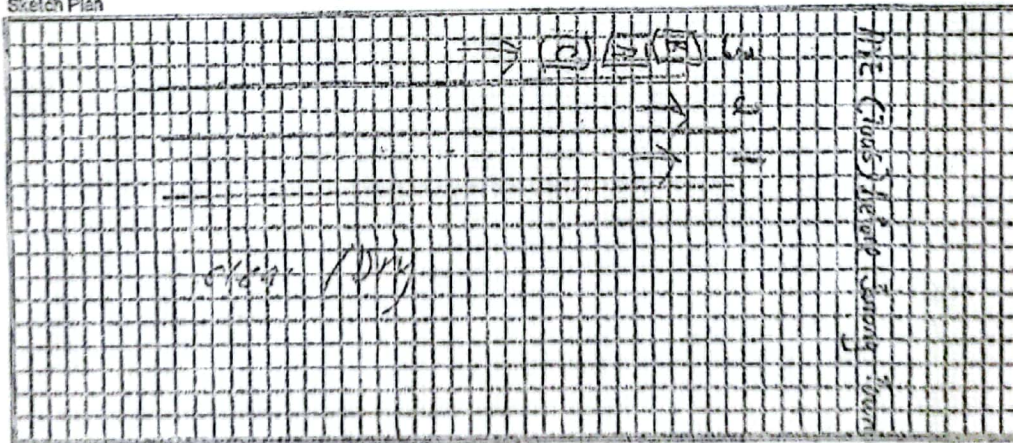
Policyholder's Signature / Date & Time

25/10/22

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

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

Sketch Plan



Describe Circumstance of the Accident

VEHICLE NO: XD 29563 ACCIDENT DATE & TIME: 25.10.22 1025am

CONTACT NUMBER: 83857519 E-MAIL: Songquancontainer.service@gmail.com

LOCATION: AYE (Tues) before Jurong Town Hall Rd Exit

Vehicle B in front slow down and vehicle A following slow down speed and vehicle C suddenly hit vehicle A from impact causing vehicle A move forward and hit vehicle B

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ CLAIM COMP AT OTHER WORKSHOP ☐ REPORTING ONLY

Declaration

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

25/10/22

Policyholder's Signature / Date & Time

25/10/22

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

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