

AS/S. REC-BY:

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated cost: _____
 OD / TP / IS / 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 Report: _____ 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: YQ3154J Yr Regt: 2021/Jan.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hino XZU710R C.C. 4009

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 93601 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHH4CV3F10K036481

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: 195/85R16

R: 195/85R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front	<u>06</u>	mm	Rear	<u>06</u>	mm
R/Bal.	<u>06</u>	mm	R/Bal.	<u>06</u>	mm
L/Bal.	<u>06</u>	mm	L/Bal.	<u>06</u>	mm
D.O.A.			D.O.I.	<u>08/11/22</u>	

Survey held at Ryder

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
	<u>TP Budget Direct.</u>

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Report Format: _____

Lump Sum / L.B. / %

Accident Reporting Draft

VEHICLE NO: YQ3154J

MODEL: HINO XZU710R

AUTO/MANUAL

DATE OF ACCIDENT	28/10/2022	C.C: 4,009
TIME OF ACCIDENT	1250	HRS AM/PM
LOCATION OF ACCIDENT	HOUGANG AVE 2	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ PRIVATE USE/ PRIVATE HIRE	
NAME OF OWNER	YEW ANN CONSTRUCTION PTE LTD	
CONTACT NO.	94494114	EMAIL: CATHERINE@JUNSHI.COM.SG
NRIC	198402338N	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: CHINNADURAI GOPI	
NRIC	G7953175N	ANY PASSENGER: 0
DATE OF BIRTH	18/5/1982	
OCCUPATION	OUTDOOR / INDOOR	
DATE OF DRIVING PASS	21/9/2021	
GENDER	MALE / FEMALE	
CONTACT NO.	94494114	EMAIL: CATHERINE@JUNSHI.COM.SG
ADDRESS	90 TAGORE LANE SINDO INDUSTRIAL ESTATE S(787532)	
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF NO:	
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR	
ROAD SURFACE	DRY / WET/ OTHER: DRY	
ANY INJURIES	NO / IF YES: YES - DRIVER (CHINNADURAI GOPI) (M)	
CONTACT NO.		
POLICE REPORT	NO / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	NO / YES NO/IF YES: WHO?	
AUDIO RECORDING	NO / YES SCENE PHOTO(S) NO / YES	
VEHICLE B NO.	SLC2477L	ANY PASSENGER:
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	<div style="text-align: center;"> Ryder Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 </div>	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?	NO / YES	

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG HOUGANG AVE 2. I WAS STOPPED BEFORE THE GIVE WAY LINE WAITING FOR TRAFFIC. SUDDENLY, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

X

Policyholder's Signature Date & Time



Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

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 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 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X

Policyholder's Signature
Time

Sketch Plan

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

HOUGANG AVE 2

Witnessed by Reporting Centre
Personnel

A: YQ3154J

B: SLC2477L



GIVEWAY LINE