

ASS. REC. BY:

REF: SMA/22010816/KV

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Massive

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

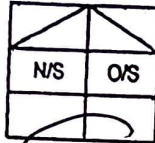
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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



Bal. or Market Value: 827k

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. 12/24 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SMA 8328J Yr Regn: 12, 09

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

Truck / Trailer or \_\_\_\_\_ MPV

Make: Toy Wish c.c. 1987

Colour: M. Gray A/C: Insured / Std / NI / NA

Sp. Reading: 289298 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDGJ20W805001766

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: G4 195/65R15

R: Kapsen

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

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 8 mm R/Bal. 4 mm

L/Bal. 8 mm L/Bal. 4 mm

D.O.A. 30/10/22 D.O.I. 1/11/2022

Survey held at \_\_\_\_\_ ✓ 10.25am

Des. of Damages: Frt / Rear / OIS / N/S / UIC / Rooftop or

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

Date / Time	Action / Instruction
/	<u>Est NOT ready</u>

Date/Time, File Pass to?  : Prell. Report

1)  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trlp: \_\_\_\_\_

- Add Fee:  : Site Insp (\$ \_\_\_\_\_)
- : Interview (\$ \_\_\_\_\_)
- : Tech Invs (\$ \_\_\_\_\_)
- : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation: \_\_\_\_\_

\$ + RS. SI \_\_\_\_\_

Paints \_\_\_\_\_

Others \_\_\_\_\_

TOTAL


Report Format :

Lump Sum / I.B.I.: (\$ \_\_\_\_\_)

# 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 ..... 31/10/2022 12:24 (SGT)  
Reported by ..... Both  
Date of Accident ..... 30/10/2022 12:00 (SGT)  
Exact Location of Accident ..... Scotts Rd, Singapore  
Additional Location Information ..... SCOTTS ROAD TOWARDS NEWTON  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ8328J  
INSURED/POLICYHOLDER  
Is company? ..... No  
Name Of Registered Owner ..... YANG JIAN  
NRIC No ..... SXXXX268F  
Email Address ..... yangjiangsg@gmail.com  
Mobile Phone No ..... (Phone) +65-85228888  
Alternative Phone No .....

## VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 2000

## INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5116716785-02

## DRIVER

Name of Driver ..... YANG JIAN  
NRIC No ..... SXXXX268F  
Date Of Birth ..... 22/10/1972  
Occupation ..... Outdoor

**IMPORTANT NOTICE**

**SKETCH PLAN**

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.

**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 making 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.

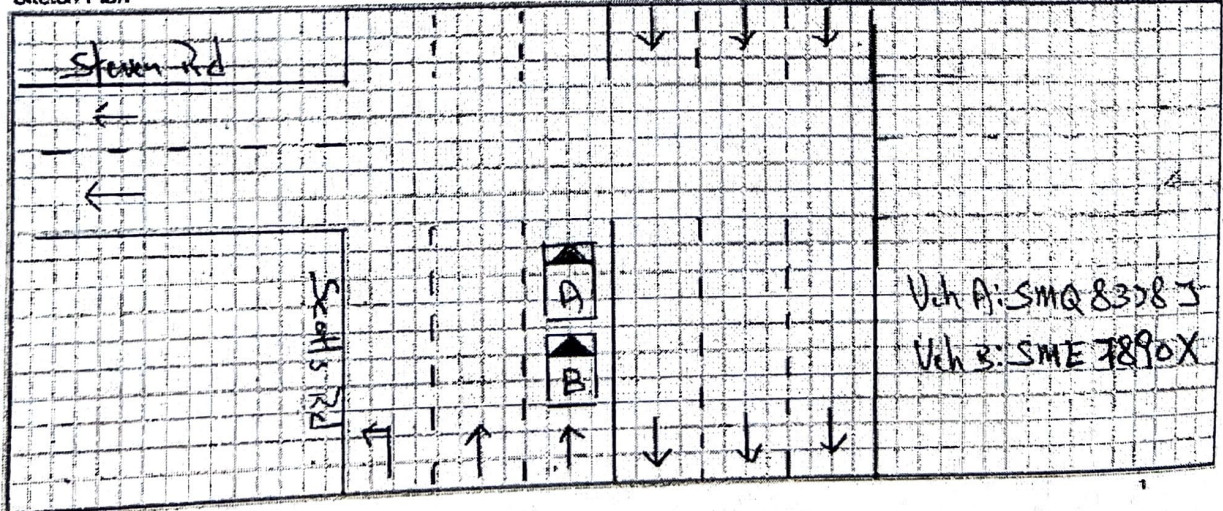


*[Signature]*  
 Policyholder's Signature / Date & Time

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

*[Signature]*  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**



Jun 2022