

ASS. REC. BY:

REF:

CS/CTI22011331/Avp3

## ASSIGNMENT

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

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

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

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

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: **GBL 3178P**Policy No. **DMCVSNA00056122201**Claims No. **SNM22D208112/C02**

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 Rpt: \_\_\_\_\_ 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: **GBE 3880G** Yr Regn: **2015/Nov**Type: M.Car / M.Cycle / Bus / **Van** / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Hiace** C.C. **2982**Colour: **Silver** A/C: Insured / Std / NI / NASp. Reading: **139012** T/Radio: Insured / Std / NI / NA

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

C/No: **JTFHT02PX00179692**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **195R15C**R: **195R15C**

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or **Fallen**

Front Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **10/11/2022** D.O.I. **21/11/22**Survey held at **JL Perfect**

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

**Front N/S**

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<b>TP Claim</b>
20/1/23	Adrian informed LS \$2600 (Red 7408.90, 74%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?



Preli. Report

Days Of Repair: **4**

1)



Final Report

Resurvey No. of Trip: **1**

Date/Time, File Return to?

2) 20/1/23-typist

Add Fee:



Site Insp (\$



Interview (\$



Tech. Insp (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

Report Formed: **Merimen**

Preamble: Amount of LS \$2600

## 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	10/11/2022 15:08 (SGT)
Reported by	Driver
Date of Accident	10/11/2022 09:35 (SGT)
Exact Location of Accident	Bedok North Ave 2, Singapore
Additional Location Information	BEDOK NORTH AVE 2 (INFRONT OF BLK 516)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3880G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CHEN LEONG TRADING
Company Reg No	5XXXX988K
Email Address	CLTRADING06@GMAIL.COM
Mobile Phone No	(Phone) +65-98355291
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Auto
CC	3000

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5085692212-05

### DRIVER

Name of Driver	LOH KHENG GUAN
NRIC No	SXXXX567G
Date Of Birth	03/05/1960
Occupation	Outdoor



Date Of Driving Pass	20/02/1978
Driving experience	44 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98355291
Alt. Phone Number	-
Email Address	CLTRADING06@GMAIL.COM
Address	116 SIMEI STREET 1
Address complement	10-590
Postcode	520116
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER OF THE COMPANY
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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

PLEASE REFER TO SKETCH PLAN ATTACHED

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL3178P
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)	-

SKETCH PLAN

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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 purposes 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

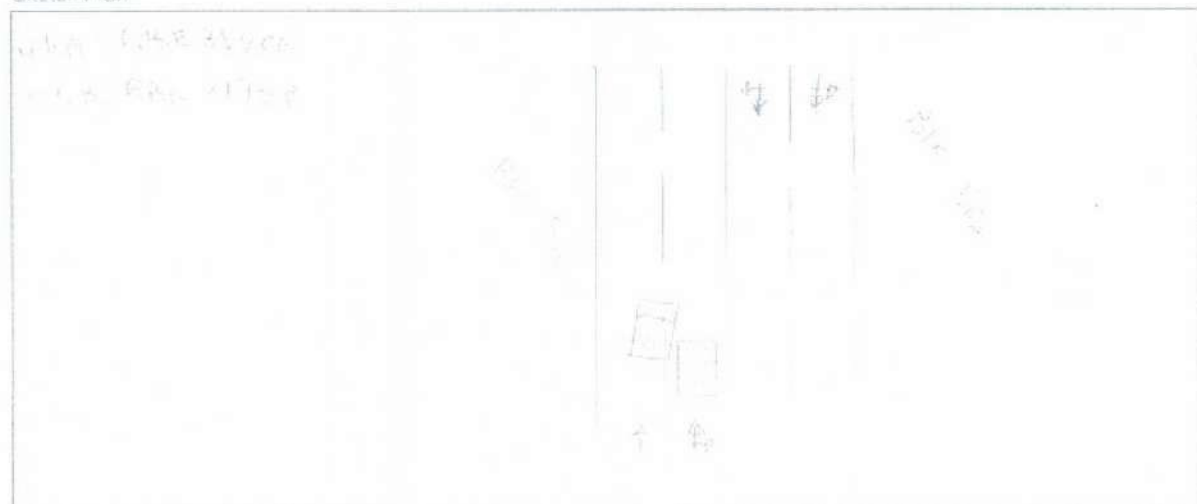
*[Handwritten Signature]*

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



Witnessed by Records Centre Personnel (Name as in SIGN CARD)

Sketch Plan



On the stated date and time. I, Vehicle A (GBE3880G) was travelling straight on Lane 1 of Bedok North Avenue 2 (Infront Block 516). Suddenly, Vehicle B (GBL3178P) cut into my lane and collided onto my vehicle front left portion.

**Vehicle A : GBE3880G**

**Vehicle B : GBL3178P**



Describe Circumstance of the Accident

Handwritten notes in the sketch plan area:

- Attached
- TH
- AD
- PER

Declaration

We declare the foregoing particulars to be true to the best of our knowledge.



Signature of Ben Leong



Signature of Ben Leong



Signature of Ben Leong