

CS/CTI22012813/Aqy3

ASS. REC. BY:

REF:

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: _____

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 Rpt: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 3 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: SLX585K. Yr Regn: 2018 / March.Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Honda Shuttle c.c. 1496Colour: Silver. A/C: Insured / Std / NI / NASp. Reading: 60667 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK81200885 *Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt or _____Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/60R15R: 185/60R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 28/12/22Survey held at Hua Meng.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 China.</u>
	LS \$2700, 3 days. (Red \$6579.92, 71%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1) 10/02 Typist

☐

: Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Insp (\$Report Form: MER-TP

ACCIDENT STATEMENT

Date of accident: 20/12/2022 Time: 0800
 Location of accident: Blk 58 New Upper Changi Road.

Details of Own Vehicle

Vehicle Number: SLX 585K

Make/Model: Honda Shuttle

Insurer: NTUC

Eng. cc & Transmission: 1.5

Policy No: 5126206812

Policy Type: C/ TPFT/ TPO

Policyholder

Name: Chua Meng Hwei Serene

NRIC/FIN no.: S7524557B

Email: ble88ings@gmail.com

Contact no.: 90494865

Driver

Name: Chua Meng Hwei Serene

NRIC/FIN no.: S7524557B

Email: ble88ings@gmail.com

Contact no.: 90494865

Occupation: Indoor/ Outdoor

D.O.B: 25-08-1975

Address: Blk 53 New Upper Changi Road #04-1472 S (461053)

Driving pass date: 30 Jun 2006

Relationship with Policyholder: Owner

General Information

Weather conditions: Clear/ Raining

Road surface: Dry/ Wet

Police report: Yes/ No

Video Footage: Yes/ No with workshop

Prosecution Letter: Yes/ No

If Yes against whom: _____

Passenger (incl. Driver): 1 Please provide **ALL** passengers details:-

	Passenger 1	Passenger 2
Name:		
Gender:	Male / Female	Male / Female

Witness: Yes/ No If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:		
Contact no.:		

Injuries: Yes/ No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
		Yes/ No	Yes/ No
		Yes/ No	Yes/ No

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>SLX22966</u>	
Driver name:	<u>Chua Boon Teck Thomas</u>	
NRIC/ FIN no.:	<u>S8011581D</u>	
Contact no.:	<u>87602804</u>	
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)	<u>Honda Shuttle</u>	

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only

Policyholder/
driver

Workshop: Hua Meng Spray Painting Workshop

Signature: _____

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 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. 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' 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

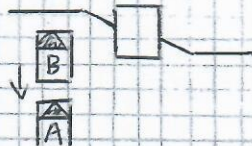
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SLX585K

B = SLX2296G

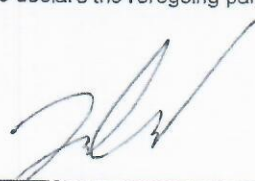
Blk 58 New Upper Changi Road

Describe Circumstances of the Accident

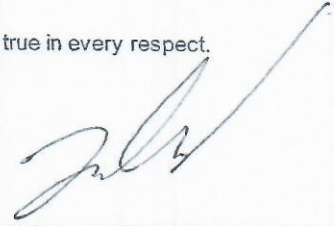
On the above date and time, I was stationary along gantry of Blk 58
New Upper Changi Road. Vehicle B reverse and hit onto front portion of
my vehicle.

Declaration

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



Policyholder's Signature / Date &
Time



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

Witnessed by Reporting Centre
Personnel