

A.S.S. REC BY: Steve

CS3/LPC 22009402/1743

PRS

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: XD 9070H

Policy No. _____

Claims No. 21/22/22/VC00/026221

Sum Insured: _____

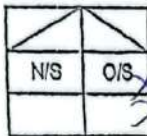
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

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: SLV 1550P Yr Regn: 22/12/17

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

Truck / Trailer or

Make: Toyota Starb

c.o. 1496

Colour: Black

A/C: Insured / Std / Nil / NA

Sp. Reading 246M4

T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: NHPT 7098587

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/55R15

R: 1

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

TOYO / YOKO or ARIVO

Front

Rear

R/Bal. 28 mm

R/Bal. 4 mm

L/Bal. 1 mm

L/Bal. 1 mm

D.O.A. 30/8/22

D.O.I. 20/9/22

Survey held at AF & COX

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

27/9/22 MV - 80k

Repair range 3K - 4K

7 hrs

27/9/22 Submit PRS, repair range \$3,000-\$4,000

30/1/23 Submit LS \$2900 (Red 490, 14%)

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 6

1) _____

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2) 30/1/23-typist

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation: _____

S + RS. \$1

Photos

Others

TOTAL

Repair Formak: _____

Lump Sum / I.B.J. (\$ _____)

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	30/08/2022 16:31 (SGT)
Reported by	Driver
Date of Accident	30/08/2022 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SELEGIE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1550P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CLT LEASING PTE. LTD.
Company Reg No	201717731M
Email Address	LEASING@ASIACARZ.COM.SG
Mobile Phone No	(Phone) +65-85228455
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	SIENTA HYBRID 1.5G CVT
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	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	LEE KENG FEUNG
NRIC No	S1435641Z
Date Of Birth	16/07/1960
Occupation	Outdoor

Driving Pass
experience
nder
Mobile Number
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

21/04/1984
38 YEARS AND 4 MONTHS
Male
(Phone) +65-90224283
-
FREENEASY888@GMAIL.COM
10D BRADDEL HILL
#05-13
579723
No
Hirer
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
Weather Conditions Clear
Road Surface Dry

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? Yes
Was any injured conveyed to hospital by ambulance? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 2
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 -

PASSENGER 1

Name MR KUMAR
Gender Male

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

REFER TO THE SKETCH PLAN

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 XD9070H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -

Vehicle Colour
Vehicle Category
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)

-
Commercial vehicle
-
-
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE KENG FEUNG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV1550P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE**SKETCH PLAN**

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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 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.

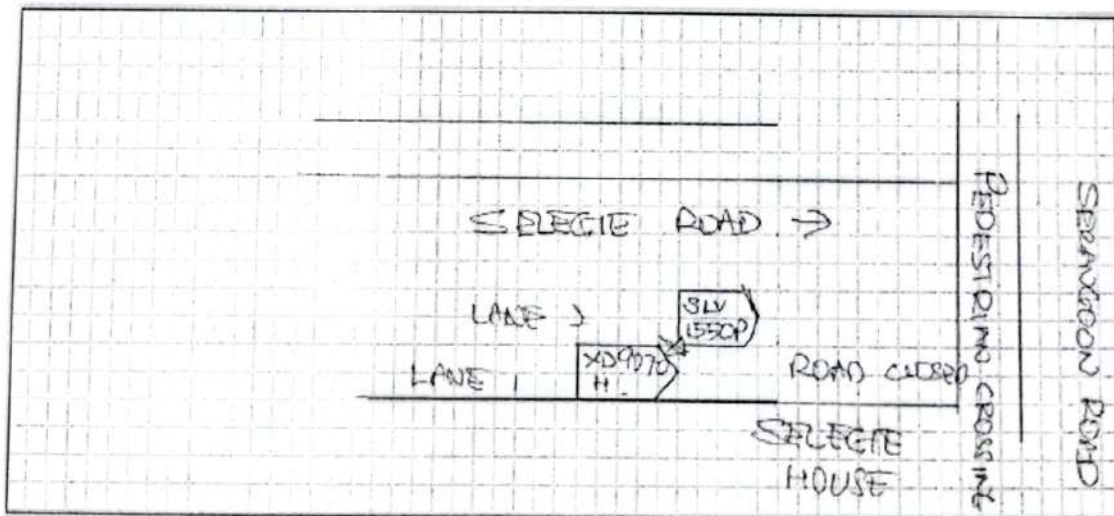


Policyholder's Signature / Date & Time

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



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

Sketch Plan

Describe Circumstance of the Accident	
VEHICLE NO: SLV1550P	ACCIDENT DATE & TIME: 30 AUG 2022 @ 10:50AM
CONTACT NUMBER: 90224283	E-MAIL: freenancy88@gmail.com
LOCATION: SELEGIE ROAD	
<p>I WAS A PHU DRIVER. AT 10 42, I PICKED UP A PASSENGER MR. PARC SOPHIA, ON OUR WAY TO AVIGNA STREET AT KATONG. I WAS STOPPED AT TRAFFIC LIGHT THE PEDESTRIAN CROSSING, NEAR SELEGIE HOUSE (RES) AT LANE 2, LANE 1 WAS CLOSED DUE TO ROAD WORKS AHEAD. WHILE STATIONARY AT LANE 2, A TRUCK XD9070H STOPPED BEHIND MY CAR AT LANE 1 (RIGHT SIDE). THE TRAFFIC LIGHT WAS CHANGED FROM RED TO GREEN, THE TRUCK MOVED FORWARD AT THE SAME AND THE COLLIDED INTO MY RIGHT SIDE OF MY CAR. I COULDN'T OPEN MY DOOR BECAUSE HIS TRUCK HAS STOPPED NEXT TO MY CAR. THEREFORE I MUST MOVE MY CAR FORWARD TO CHECK THE THE DAMAGES OF MY CAR. MY PASSENGER, MR. KUMAL, TELEPHONE NO. 87981503. I TOOK DOWN THE LICENCE AND WORK PASS OF THE DRIVER OF XD9070H.</p>	
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: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM CD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY	

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 (Name as in NRIC/ID card)