

REF: CS/AGI23000610/Avy3

ASS. FEO. BY:

### 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: **SJX 3974A**

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

Claims No. **C1001986/CH**

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: **PC7708 R** Yr Regn: **2018 / Dec.**

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

Truck / Trailer or **Mini Bus**

Make: **Toyota Hiace Commuter** C.C. **2754**

Colour: **Silver** A/C: Insured / Std / NI / NA

Sp. Reading: **284561** T/Radio: Insured / Std / NI / NA

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

C/No: **GD14 2232000 940**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

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

Tyre Size: F: **195 R15C**

R: **195 R15C**

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

TOYO / YOKO or

Front **06** mm Rear **06** mm

R/Bal. **06** mm L/Bal. **06** mm

D.O.A. **13/1/2023** D.O.I. **18/01/23**

Survey held at **Hua Mey.**

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

**Front o/s.**

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

Date / Time	Action / Instruction
	<b>TP Budget Direct.</b>
<b>9/5/23</b>	<b>Adrian confirmed LS \$5500 (red 6771.67, 55%)</b>
	<b>MV :</b>
	<b>PV :</b>
	<b>Nett :</b>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) **9/5/23-typist**

Days Of Repair: **7**

Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

8 + RS. SI

Photos

Others

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Other (\$)

Report Format: **TP**

Estimated Amount / TP Fee: **\$5500**



# ACCIDENT STATEMENT

Date of accident: 13-01-2023 Time: 1930

Location of accident: Rochor Road

## Details of Own Vehicle

Vehicle Number: PC 7708R

Make/Model: Toyota Hiace

Insurer: Income

Eng. cc & Transmission: 2000 cc

Policy No: 512529 6821-000007

Policy Type: C TPFT/ TPO

### Policyholder

Name: Nam Ho DMC Pte Ltd

NRIC/FIN no.: 201725207M

Email: rajesh@namhodmc.com

Contact no.: 83160108

### Driver

Name: Ahmad B Samlawi

NRIC/FIN no: 50059677I

Email: rajesh@namhodmc.com

Contact no.: 83170456

Occupation: Indoor / Outdoor

D.O.B: 22-02-1953

Address: Bik 544 Ang Mo Kio Avenue 10 # 02-2280 S (560544)

Driving pass date: 24 Jul 1984

Relationship with Policyholder: Employee

### General Information

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes/ No

Video Footage: Yes/ No

Prosecution Letter: Yes/ No

If Yes against whom: \_\_\_\_\_

Passenger (incl. Driver): 9 Please provide **ALL** passengers details:-

\* 8 passengers. (Tourist) 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>SJX 3974A</u>	
Driver name:	<u>Omar Noordin</u>	
NRIC/ FIN no.:		
Contact no:	<u>81254960</u>	
Insurance Co:		
Remarks: (Make/Model, Passenger, property info & etc)		

## Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party / Reporting Only

Policyholder/

Workshop: Hua Meng Spray Painting Workshop

driver

Signature: Ahmad



## 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.



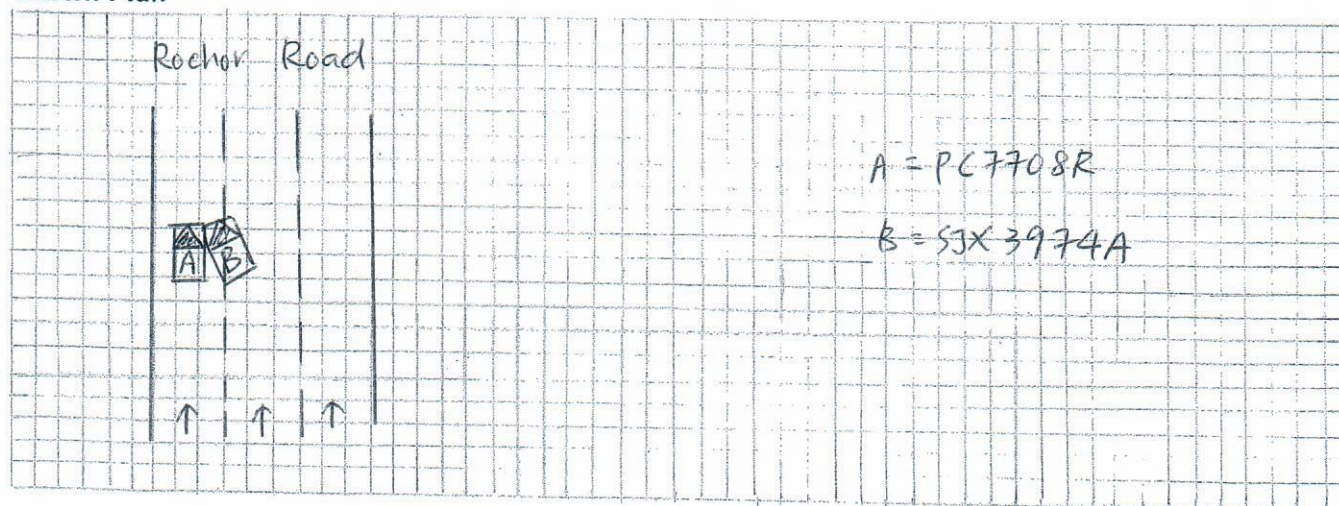
Policyholder's Signature / Date & Time

*ahmed*

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





I was driving along Rochor Road on 13.01.2023 at about 1930 hours.

I was driving straight in my lane. Vehicle B cut into my lane and hit onto front right portion of my vehicle.

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre  
Personnel