

ASS. REC. BY:

REF: SM01 230026951kv

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Hiep Lek

of _____

Insured: GBM 33M

Policy No. _____

Claims No. CMTD2301057/GPL

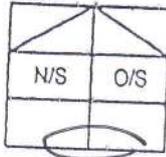
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$63k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SUB 55404 Yr Regn: 04, 16

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

Truck / Trailer or _____

Make: Toy Cam c.c. 2494

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

Sp. Reading: 164019 T/Radio: Insured / Std / NI / NA

Eng/No: _____ C/No: MR053AK5004010825

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: NII / S/Rim / STD A/Rim or

Tyre Size: F: _____ R: 215/55R17

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

TOYO / YOKO or _____

Front R/Bal. 7 mm Rear R/Bal. 8 mm

L/Bal. 7 mm L/Bal. 8 mm

D.O.A. 14/3/23 D.O.I. 15/3/2023

Survey held at _____

Des. of Damages: Frit / Rear / O/S / N/S / UIC / Rooftop or

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

Date / Time / Action / Instruction
1 / PRS GIA not ready

16/3/23 EN repair con \$8-8k

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

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____ \$ - RS. _____ SI

Fuel: _____

Others: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

TOTAL: _____

1) _____
2) 16/3/23-typist

Report Format :

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

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	14/03/2023	Time of Accident:	09:05 am
Exact Location:	Farer Rd towards Queenway		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SLB 5540Y	NRIC / FIN / Passport no:	S7116911A
Name of Registered Owner:	Chen Lee Ling		
Owner's Email:	VERONICA@maritime.com.sg		
Owner's Address:	64 Jalan Limbok (S) 548737		
Vehicle Make:	Toyota	Vehicle Model:	Camry
Engine Capacity (cc):	2494 CC	Transmission:	<input checked="" type="radio"/> Auto <input type="radio"/> Manual
Type of Claim:	Own Damage / <input checked="" type="radio"/> Third Party / Reporting Only		
Vehicle Category:	<input checked="" type="radio"/> Private <input type="radio"/> Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	AXA		
Type of Policy:	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	GA441309/1		

DRIVER			
Name of Driver:	Chen Lee Ling	<input checked="" type="checkbox"/>	same as owner
NRIC / FIN / Passport no:	S7116911A	Date of Birth:	15/05/1971
Occupation: <i>manager</i>	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor	Driving Pass Date:	17 Aug 1994
Contact Number:	9733 8804	Gender:	Male <input checked="" type="radio"/> Female
Address:	64 Jalan Limbok (S) 548737		
Relationship with Owner:	<input checked="" type="radio"/> Owner <input type="radio"/> Employee / Spouse / Child / Hirer / Other		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	

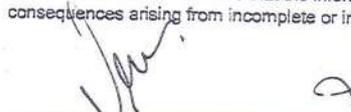
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / <input checked="" type="radio"/> Front to Rear / Others:		
Weather Condition:	<input checked="" type="radio"/> Clear <input type="radio"/> Raining / Others:	Road Surface:	<input checked="" type="radio"/> Dry <input type="radio"/> Wet
Video available:	<input checked="" type="radio"/> Yes / <input type="radio"/> No	with owner	
Was anybody injured?	<input checked="" type="radio"/> Yes / <input type="radio"/> No	Police Report Made?	<input checked="" type="radio"/> Yes / <input type="radio"/> No
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	GBM 33M		
Vehicle Make / Model:			
Name of Driver:	Chiang Zhan Xiang		
NRIC / FIN / Passport no:	S8535727A		
Contact Number:	91015166		
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.


Signature of Driver

14/03/23
Date and time

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 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 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

on 14/03/2023 @ about 9.05am, I am travelling along Parker Rd towards Queenway direction on lane 2, going straight within my own lane. There are quite a lot of cars at that point of time. The cars ahead of me slow down and stopped. Me too stopped. Before the traffic could even be clear, I felt an impact on my rear portion.

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)