ASS. REC. BY: REF: CS/MSG23002793/Awy3

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 Rport: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SMA8553J Yr Regn: 2018, June.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Toyota Sienta. c.c 1496

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

Sp.Reading 77546. T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NHP170712 6227.* _____

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: 185/60R15

R: 185/60R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or 3

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	20/03/23.

Survey held at SL.

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

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

Date / Time	Action / Instruction
	TP SMSL 6.
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Insp ($ _____)

Survey Fee:	
Transportation:	
___$ + R$___ SI	
Photos	
Others	

Report Format : _____

SC1I233F0003 / CHENG HOE MOTOR PTE LTD[786876]
ENTRY DATE & TIME: 15/03/2023 14:43 (SGT)
SUBMITTED BY: CHONG BENG CHOON
VERSION: 1 (15/03/2023 14:43 (SGT))

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	15/03/2023 14:43 (SGT)
Reported by	Driver
Date of Accident	15/03/2023 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	22 SENOKO LOOP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA8553J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUAH KIAN TAT (CAI JIANDA)
NRIC No	SXXXX670E
Email Address	rt98427316@gmail.com
Mobile Phone No	(Phone) +65-91059015
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	SIENTA HYBRID 1.5X CVT
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	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122831837-01

DRIVER

Name of Driver	TOH SWEE CHEW
NRIC No	SXXXX952H
Date Of Birth	25/01/1956
Occupation	Indoor

Date Of Driving Pass	04/02/1977
Driving experience	46 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-98427316
Alt. Phone Number	-
Email Address	rt98427316@gmail.com
Address	BLK 468B ADMIRALTY DRIVE #10-19
Address complement	-
Postcode	752468
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Side Swipe
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?	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

REFER ATTACHED (REPAIR BY SL MOTOR REPAIR)

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	GBD3106P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

ement	-
	-
	-
ipany Name	-
age	-
rty damaged in accident	-
per (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to agent of the claim 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 Accident Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will 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.

I. 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/mailing 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.

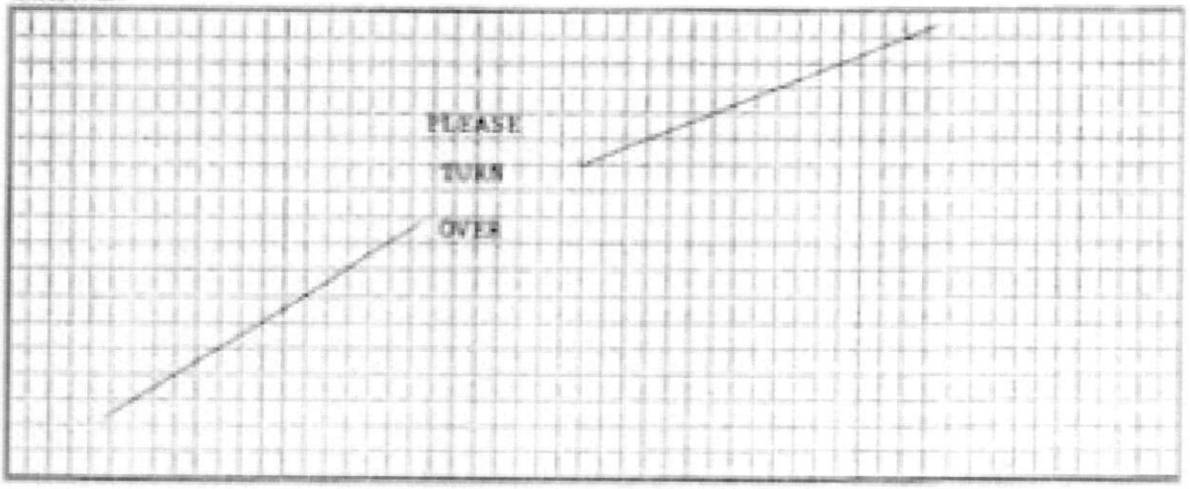
Policyholder's Signature / Date & Time

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

(Yes) 15/01/23

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

Sketch Plan



SKETCH PLAN #2

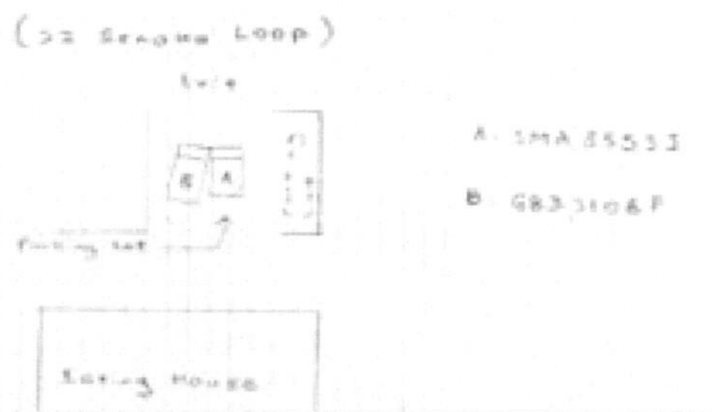
Describe Circumstances of the Accident

** NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only

(✓) ~~Claim OD~~ TP at other workshop (S L Motor Repair

Sketch Plan



DOA: 15/03/23 9am

I exited out from left side parking lot and travelling straight towards the exit. GB3310GP moved out from stationary position & hit my front left 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) | (YS) 15/03/23 Attended by Report/Sight Centre Personnel (Name as in NRIC/ID card)

2

Stamford Tyres International Pte Ltd

23 Kaki Bukit Road 4
#01-12/13 Synergy@KB
Singapore 417801
Phone Number: 6702 3355
Fax Number: 6341 6993

Customer:	Date: 3/16/2023 12:33 PM
Company:	VIN
License NO: SMA8553J	Technician:
Odometer: 77545KM	Order NO:

VEHICLE ALIGNMENT REPORT

TOYOTA, SIENTA NCP170 (2WD), 15-17 (Customized)

Primary Angles			Initial	Specifications Min.	Specifications Max.	Final
Front	Caster	Left	----	4°00'	5°00'	----
		Right	----	4°00'	5°00'	----
	Camber	Left	-0°54'	-1°00'	0°00'	-0°54'
		Right	-0°12'	-1°00'	0°00'	-0°12'
	Toe	Left	3°21'	-0°06'	0°06'	3°21'
		Right	1°12'	-0°06'	0°06'	1°12'
		Total	4°33'	-0°12'	0°12'	4°33'
Rear	Camber	Left	-1°12'	-1°50'	-0°50'	-1°12'
		Right	-1°42'	-1°50'	-0°50'	-1°42'
	Toe	Left	0°12'	-0°06'	0°06'	0°12'
		Right	0°06'	-0°06'	0°06'	0°06'
		Total	0°18'	-0°12'	0°12'	0°18'
	Max Thrust Angle		-0°03'	----		-0°03'

Secondary Angles		Initial	Specifications Min.	Specifications Max.	Final
SAI	Left	----	----	----	----
	Right	----	----	----	----
Included Angle	Left	----	----	----	----
	Right	----	----	----	----
Toe Out On Turns	Left	----	----	----	----
	Right	----	----	----	----
Max Turn Inside	Left	----	----	----	----
	Right	----	----	----	----
Toe Curve Change	Left	----	----	----	----
	Right	----	----	----	----
Setback	Front	4mm	----	----	4mm
	Rear	-9mm	----	----	-9mm
Track Width Diff.		13mm			13mm
Wheel Base Diff.		13mm			13mm
Front Ride Height	Left	----	----	----	----
	Right	----	----	----	----
Rear Ride Height	Left	----	----	----	----
	Right	----	----	----	----
Frame Angle					----