

ASS. REC. BY:

REF:

A15/ 23004345/169

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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.

Bal. or Market Value:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

11

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:

SM 84757 Yr Regn: 06 19

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

Truck / Trailer or

Make:

Kia Cerato c.c. 1591

Colour:

M. Grey AC: Insured / Std / NI / NA

Sp. Reading

40114 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNAF3416mk 5045428

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

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

Tyre Size:

F: 205/55R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

1/5/23

D.O.I.

5/5/2023

Survey held at

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

Rear N/S R/R N/S

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

Date / Time

Action / Instruction

/

PRS

64 repair cost \$9-11K

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. \$

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

TOTAL

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 01/05/23 (dd/mm/yy) Time of Accident: 15:27 (24-HR-FORMAT)

Vehicle No.: SML8475T Vehicle Make & Model: KIA CERATO

*Transmission: ☐ Manual ☒ Auto *C.c.: 1.6

Exact location of Accident: PIE towards Changi (Before Bedok North Ave 3 Exit)

Policyholder's Name: Caleb Raj NRIC/FIN/REG No.: S8672370J

*Policyholder's email address: mrcalebraj@gmail.com

Driver's Name: Caleb Raj NRIC/FIN/REG No.: S8672370J

*Driver's email address: mrcalebraj@gmail.com

Driver's Contact No.: 93213217 Company Contact No (If any): _____

Date of birth: 11-11-1986 Driving Pass Date: 21-08-2008

Driver's Address: BLK 40 SIMS DRIVE #10-231 S2380040

Insurance Company: SOMPO INSURANCE SINGAPORE PTE LTD

Policy No.: D22MTPV01009061 Type of Coverage: ☒ Comprehensive / ☐ Third Party / ☐ Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☒ Chain Collision ☐ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☒ Indoor ☐ Outdoor
CIVIL ENGINEER

*No. of Passengers / Including Driver: 03

*Passenger Name: ABIGAIL DAWES

Gender: Male / ☒ Female WIFE

*Passenger Name: PETRA ARIELLE

Gender: Male / ☒ Female DAUGHTER

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☒ Yes ☐ No

Any Injuries: ☐ Yes ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: LAI MEI TING S 68471963W Vehicle No: GBL738T

Driver's Contact No: 88137038 Insurance Company: _____

2. Driver's Name / IC No (If Any): CHAN CHEE KWANG IAN Vehicle No: SJT60C

Driver's Contact No: 8617821731700 Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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

02/05/2023

Sketch Plan (LPG) (To be filled in by the insurer)

A-SML8475T

C-SJT60C

RETRACTED
Chang

B-ABL730T

Describe Circumstances of the Accident

I was driving along PIE towards Changi on lane 1. There was road works ahead before Bedok North Ave 3. Front vehicles started to slow down and merge in the centre lane gradually. I signalled and did the same. Before I merge in the left lane, I double checked on my blind spots and it was clear and safe to do so. Front vehicles slowed down to a stop, I stopped too. Moments later, a lorry 5BL738T rammed into the rear portion of my car. Upon the impact, my car surged forward to hit SJT60C. The lorry driver alighted and was apologetic for the accident.

My daughter felt some pain on her back. So we are still monitoring her condition. My wife also experienced headache right after the impact. She took some painkillers at night. So we will monitor on her condition too.

Declaration

We declare the foregoing particulars are true in every respect.

02/05/2023