

ASS. BY:

REF: CS/CTI 23004716 /Awp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insured Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claim 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: _____ Consistent? : Yes or No

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

Est. Repairs: 1 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: GBJ2673T Yr Regn: 2018 Feb

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

Truck / Trailer or

Make: Toyota Hilux c.c. 2982

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

Sp. Reading: 98280 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFHT02P X 00247571

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modif: 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 Falken

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A. 15/04/2023

D.O.I. 09/05/23

Survey held at Y/Sin Y/Sin

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

TP claim

21/05/2023 Finalise Y/S \$1,950.00 @ 04 days (Red \$3,284.88/63%)

COE Expiry: J

Estimate given during: Yes ()

1st Survey: No ()

MV:

PV:

Nett:

Date/Time, File Pass to?

☐ : Prel. Report

1) Typical

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Inve (\$)

Survey Fee:

Transportation:

3 + RS SI

Photos

Others

Report Format: TP

1.0000000000000000

4/5 \$1,950.00

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	17/04/2023 17:08 (SGT)
Reported by	Actual Driver
Date of Accident	15/04/2023 10:45 (SGT)
Exact Location of Accident	Circuit Rd, Singapore
Additional Location Information	95A CIRCUIT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2673T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SING GUAN SENG CORPORATION PTE LTD
Company Reg No	200203929H
Email Address	SHARON@SGS-CORP.SG
Mobile Phone No	(Phone) +65-90276394
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2986

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MCV23A00003400

DRIVER

Name of Driver	SIVA REDDY PAVAN KUMAR
Passport No/FIN	G7567742T
Date Of Birth	22/08/1982
Occupation	Outdoor

Date Of Driving Pass	05/02/2010
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94655506
Alt. Phone Number	-
Email Address	SHARON@SGS-CORP.SG
Address	BLK 8 SELETAR NORTH LINK #C1-69
Address complement	-
Postcode	797455
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Hit and run / Vandalism / Damaged whilst parked
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

MY VEHICLE WAS STATIONARY. VEHICLE B REVERSE AND HIT ONTO THE FRONT PORTION OF MY VEHICLE.

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	YQ7226J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

INFORMANT NOTICE

1. Please report promptly the details of the accident to speed up the claim process.
2. This document is completed by the Police Officer under the Supervised Policy.
3. Information provided must be as truthful and accurate as possible. Any act of misrepresentation or falsification may affect insurance coverage to the insured policyholder.
4. The issue and acceptance of this Form by insurance companies is not an indication of policy liability on the part of the insurance companies.
5. Sanctions concerning not to be referred to the Police for investigation.
6. The report is the responsibility of the insurers of the GM Pacific Motor Insurance Company Limited by the General Insurance Association of Singapore (GIAS) for working and the copies of this report will for a fee be made available upon application by interested parties.
7. By the completion of this report to the insurers, you hereby consent to the making of this report on the record and to the release of the report being made available elsewhere.
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 (GIAS) may be entitled to collect, use, disclose and/or process my personal data, personal information and/or data (being any other personal information provided by me or possessed by my insurer) including the "Personal Information" and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers) collectively referred to as "insurers", the Insurance Regulatory Affairs, 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 making of correspondence, statements, notices, reports or notices to me, which could include disclosure of certain personal data about me to bring about delivery of the same as well as on the enclosed cover of one-third card packaging); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes");
(b) All insurers who have insured vehicle(s) involved in this accident and the insurers' regulatory affairs, may have provided to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
(c) my Personal Information may also be disclosed by any of the insurers and/or GIAS to their third party service providers or agents including the (a) third party firms, which may be based outside of Singapore, for one or more of the above Purposes.



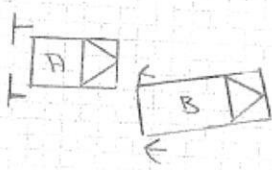
[Signature]

Reported by's Signature / Date & Time

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

Witnessed by Reporting Officer / Date & Time

Sketch Plan



Vehicle A - 6B3Q6 73T
Vehicle B - YW 7226J

Describe the circumstances of the accident

My vehicle was stationary. Vehicle B reverse and hit onto my front portion of my vehicle.

Declaration

I/We declare that the above particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel