

ASS. REC. BY:

REF:

HSB / 230084021kg

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: \$41k

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 07 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: SLA 496E Yr Regn: 02, 16

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

Truck / Trailer or

Make: NIS Rylph C.G. 1598

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

Sp. Reading: 88707 T/Radio: Insured / Std / NI / NA

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

C/No: MNTBBAB17-Z 0025398

Gen. Cohd: (Good) Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: 205/55R16

R: \_\_\_\_\_

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

TOYO / YOKO or Windforce

Front

Rear

R/Bal. 9 mm

R/Bal. 9 mm

L/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 24/6/23

D.O.I. 26/6/2023

Survey held at \_\_\_\_\_

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

MS body

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

Date / Time Action / Instruction

1 / EY NOT ready

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Add Fee:  : Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Transportation

\_\_\_\_\_ S - RS. SI

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL

Report Format :

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

# 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	26/06/2023 11:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/06/2023 14:24 (SGT)
Exact Location of Accident	Kallang Rd, Singapore
Additional Location Information	KALLANG ROAD JUNCTION WITH HORNE ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLA496E

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH MING XUAN
NRIC No	SXXXX722B
Email Address	omingxuan1993@gmail.com
Mobile Phone No	(Phone) +65-96658673
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	1600

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5136225918

### DRIVER

Name of Driver	OH MING XUAN
NRIC No	SXXXX722B
Date Of Birth	31/12/1993
Occupation	Indoor

**IMPORTANT NOTICE**

**SKETCH PLAN**

1. Please **not** correct the details of the accident as speed on the claims process.
2. The Form **must** be completed by the **Policyholder** and/or the **Actual Driver**.
3. Information provided must be as **accurate and complete** as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to **void** policy **validity**.
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 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 ("GIA") may lawfully collect, use, disclose and/or process my personal data (including 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 purposes of:

(i) **processing, handling and/or dealing** with my claims including the settlement of the claim and any necessary investigations relating to the claim;

- (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/postal packages); 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' lawyers/law firms, may lawfully collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may lawfully 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 based outside of Singapore, for the purpose of the above Purposes.

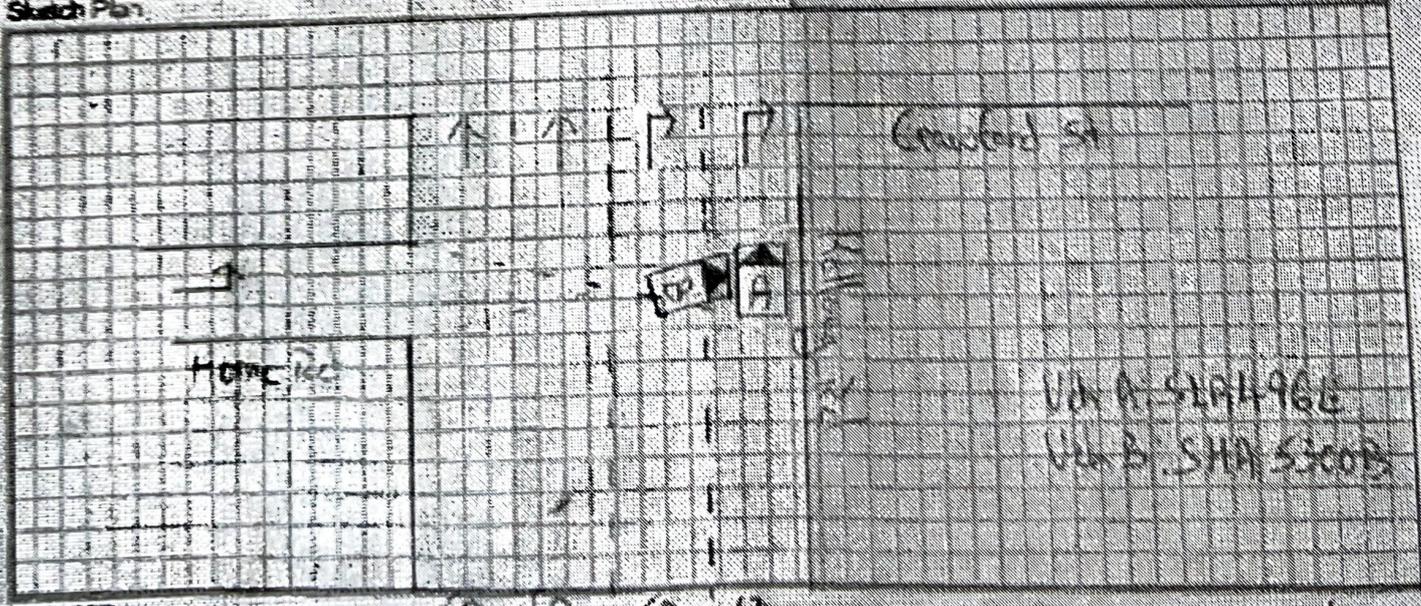


18/07  
Policyholder's Signature / Date & Time

05/07  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

**Sketch Plan**



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