

ASS. REC. BY: Tayfiter

REF:

183/LPC 23 00 6017/Ty 3-1

ASSIGNMENT

2023 Dec

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: XE 4739R

Policy No. _____

Claims No. 23/23/23/VC05/027553

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 Rpt: 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
1	1	100	Yes
2	2	100	Yes
3	3	100	Yes
4	4	100	Yes
5	5	100	Yes
6	6	100	Yes
7	7	100	Yes
8	8	100	Yes
9	9	100	Yes
10	10	100	Yes
11	11	100	Yes
12	12	100	Yes
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18	18	100	Yes
19	19	100	Yes
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21	21	100	Yes
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95	95	100	Yes
96	96	100	Yes
97	97	100	Yes
98	98	100	Yes
99	99	100	Yes
100	100	100	Yes

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Date / Time	Action / Instruction
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16/6/23	Submit PRS
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10/7/23 Submit LS \$2500 (red 500, 17%)

Date/Time, File Pass to?

□: Preli. Report

1) _____ : Final Report

Date/Time, File Return to?

2) 10/7/23-typist

Report Format :

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

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

$$S + RS \rightarrow S$$

Photos

Others

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	13/06/2023 12:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/06/2023 10:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHINA CONSTRUCTION SITE ALONG JALAN BUKIT MERAH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM9900D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG LAU TEE (HONG LIUDI)
NRIC No	S7442982C
Email Address	TRUSTLINKTPT@YMAIL.COM
Mobile Phone No	(Phone) +65-92382027
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	MKB37BNHRA
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	7684

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5134232308

DRIVER

Name of Driver	ANG LAU TEE (HONG LIUDI)
NRIC No	S7442982C
Date Of Birth	29/12/1974
Occupation	Outdoor

Date Of Driving Pass	05/08/1997
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92382027
Alt. Phone Number	-
Email Address	TRUSTLINKTPT@YMAIL.COM
Address	APT BLK 547 CHOA CHU KANG STREET 52
Address complement	#12-25
Postcode	680547
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Parked Vehicle
Weather Conditions	Raining
Road Surface	Wet

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

PLEASE REFER TO THE SKETCH PLAN

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	XE4739R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LEE ENG CHAI
Passport No/FIN	G7855120N

Contact Number	(Phone) +65-90599071
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

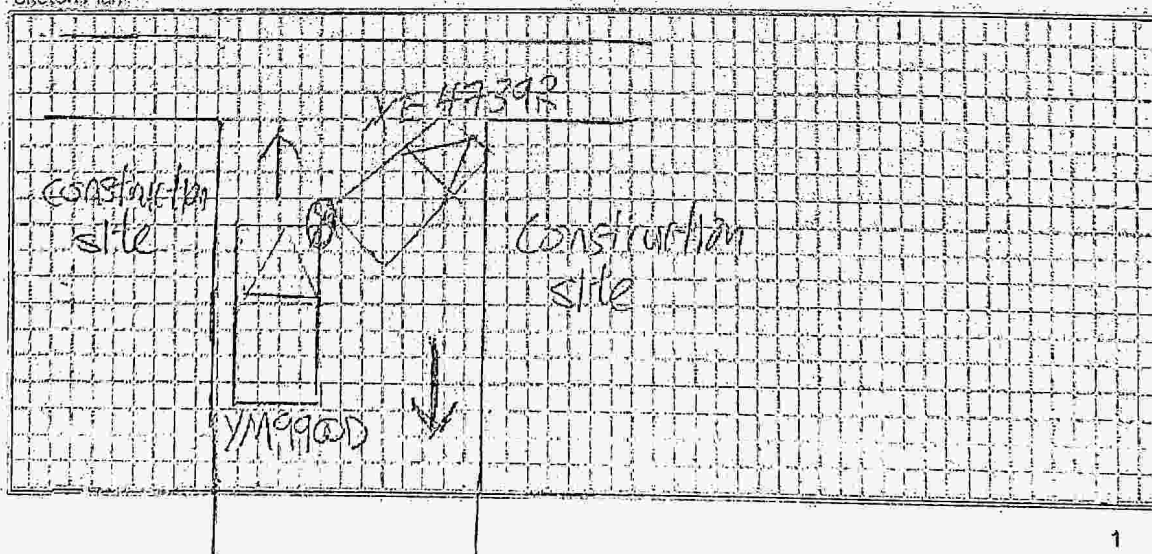
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to rescind 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)

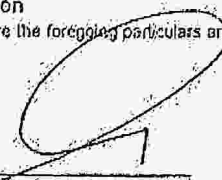
Sketch Plan



Describe Circumstance of the Accident:	
VEHICLE NO: YM9900D	ACCIDENT DATE & TIME: 12/6/23 @ 1045hrs
CONTACT NUMBER: 92382027	E-MAIL: Trustlinktpf@ymail.com
LOCATION: China Construction site (SGHH9A) along Jln Bt Merah oppo sikh Temple	
On 12/6/23 @ 1045hrs I parked my vehicle YM9900D inside China Construction site (SGHH9A) along Jln Bt Merah oppo sikh Temple waiting for unloading of Cargo. I parked my vehicle on the extremely left side inside the construction site and my right side was passable for other vehicle. One Lorry Crane, Registration number XE4739R travel pass my vehicle on my right side and stopped front in front of me and the lorry reverse back beside my vehicle and moved forward and suddenly turned to the right side and his Lorry long wooden body left rear portion smashed onto my vehicle right door and front right portion. My right door and front right portion damaged. No one injured. I am lodging this report for insurance claims. That's all.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ CLAIM OTHER AT OTHER WORKSHOP ☐ REPORTING ONLY	

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)