

(08/11/13)

ASS. REC. BY:

REF

C93/EG123006451/5017

Dqy3-1

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 4 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SIN 7615M Yr Regn: 1

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

Truck / Trailer or

Make: TOYOTA CAMRY C.C. _____Colour: BLUE A/C: Insured / Std / NI / NASp. Reading: 133022 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ACV40316 * 6068

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: 225/50 ZR18R: 11 11

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

TOYO / YOKO or KUMHOFront 6 mm Rear 6 mmR/Bal. 6 mm L/Bal. 6 mmL/Bal. 6 mm D.O.A. 01/5/23 D.O.I. 09/5/23Survey held at ARC MOTORWORKS

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

O/S front

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

Date / Time Action / Instruction

Repr range 2k to 3k..

01/08/23 Submit LS \$3650. 4 days. (Red \$3350. 48%)

Date/Time, File Pass to?

☐ : Prell. Report

1) 01/08 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation: _____

S + RS, SI

Photos

Others

TOTAL

Report Format: TPLump Sum H.B. (\$ 3650)

ASS. REC. BY:

Scan

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspcd 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 Scat:

Consistent? Yes or No

Est. Repairs:

days

Res: Yes or No

Lump Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN/OUT

Date/Time

Action / Instruction

waiting for
after paint

Date/Time, File Path to?

1)

Date/Time, File Path to?

2)

Report Format:

Lump Sum / LB.L: (\$

Veh No:

SJN 7615 M

Yr Regit: 26 Feb 2009

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

Truck / Trailer or

Make:

TOYOTA CAMRY

CC

2400

Colour:

BLUE

AC: Insured / Std / N/A

Sp. Reading:

133022

Yr. Radio: Insured / Std / N/A

Eng No:

Ch No:

ACV403166068

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 225 / 50 R18

R:

BS / DUN / EXIOVA / GY / FS / LIZA / WIG / OHTSU / PR / SUMI /

TOYO / YOKO or

KUMHO

Front

R/Bal:

6

mm

Rear

R/Bal:

6

mm

L/Bal:

6

mm

L/Bal:

6

mm

D.O.A. 01/05/23

D.O.L. 9/5/23 12pm

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / UC / Roof top or

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

Balance: 69.00

yearly:

mv:

N/A

DIS = 9/5/23 1pm

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. 1.30

Photos:

Others:

TOTAL

Add Fee:

Site Insp (\$

Interview (\$

Tech. Insp (\$

Weekend (\$

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	02/05/2023 12:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/05/2023 14:55 (SGT)
Exact Location of Accident	24 New Industrial Rd, Singapore 536210
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN7615M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIN LICONG
NRIC No	S8724670A
Email Address	L_LICHONG87@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96333814
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2400

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10826825R00

DRIVER

Name of Driver	ANG CAI YING
NRIC No	S9039260C
Date Of Birth	22/10/1990
Occupation	Indoor

Date Of Driving Pass	02/12/2022
Driving experience	5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87425180
Alt. Phone Number	-
Email Address	STARRIE.A@HOTMAIL.COM
Address	BLK 406C NORTHSHORE DRIVE #15-168
Address complement	-
Postcode	823406
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Change/cross lane
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

AS I AM DRIVING DOWN THE SLOPE, KEEPING WITHIN MY LANE, A LORRY DRIVING UP SPEEDING AND OUT OF HIS LANE AND COLLIDED INTO 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	GBL3898U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	XU WANJUN

Contact Number	(Phone) +65-97807000
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

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 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

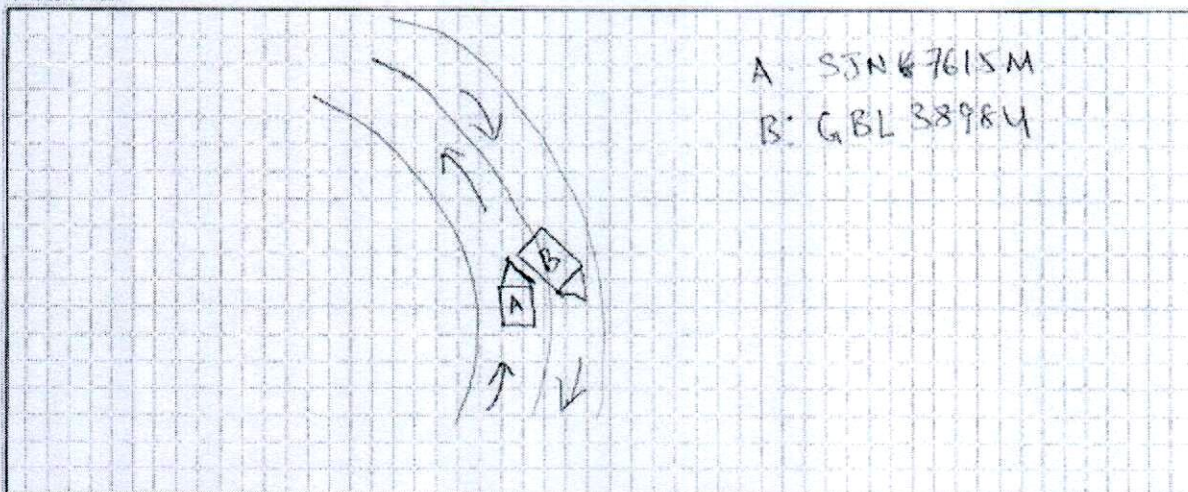
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes")

(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: 02/05/23 11:00AM Driver's Signature (if driver is not the policyholder) / Date & Time: 02/05/23 11:35AM Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): _____

Sketch Plan



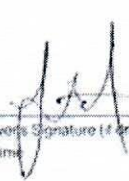
Describe Circumstance of the Accident

as i'm driving down the slope, keeping within my lane, a lorry was moving up at a very speedily and out of my lane and collided into my vehicle.

Declaration

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

 2/5/23 11:35 AM
Policyholder's Signature / Date & Time

 02/05/23 11:32 AM
Driver's Signature (if driver is not the policyholder) / Date & Time

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

