

ASS. REC. BY:

REF:

LPC / 23 007496 / K943

Kenneth

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.

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:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBK 2657K

Yr Regn:

03, 20

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

Truck / Trailer or

Make:

MIS NV200

C.G

1461

Colour

MIS Colour

A/C:

Insured / Std / NI / NA

Sp. Reading

89353

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VSKYBAM 2020179879

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NIT / SIRIm / STD A/Rim or

Tyre Size:

F: 175/70R14

R: Dun

185/70R14

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

5 mm

L/Bal.

6 mm

L/Bal.

5 mm

D.O.A.

1 / 7 / 23

D.O.I.

25 / 7 / 2023

Survey held at

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

Rear CLS

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

Date / Time

Action / Instruction

1

PRS

Est repair cost \$8-9K

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S + RS. SI

Fines

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

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	01/07/2023 14:54 (SGT)
Reported by	Actual Driver
Date of Accident	01/07/2023 09:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK2657K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HANAKO CONSTRUCTION PTE LTD
Company Reg No	200514516K
Email Address	admin@hanakoconstruction.com.sg
Mobile Phone No	(Phone) +65-62662664
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	NV200 1.5 MT
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	1461

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126494358-01

DRIVER

Name of Driver	UDDIN NASIR
Passport No/FIN	G8276049R
Date Of Birth	05/12/1987
Occupation	Outdoor

Date Of Driving Pass	15/10/2010
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91289159
Alt. Phone Number	-
Email Address	kartik@hanakoconstruction.com.sg
Address	C/O HANAKO CONSTRUCTION PTE LTD
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

REFER TO ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	INSURED EMAIL DIRECT TO INCOME.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7282X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHELLAIAH ANBUMOZHI

Passport No/FIN	G6925127M
Contact Number	(Phone) +65-80696580
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMR7558M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO CHIN YANG
NRIC No	S9078301G
Contact Number	(Phone) +65-92336029
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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/Record)

Sketch Plan

PLEASE
TURN
OVER

1

Describe Circumstances of the Accident

NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE NEGOTIATE TIME FRAME FOR WITHIN 30 DAYS OWN DAMAGE
Claim under your Own Comprehensive policy. Pls check your policy for more information

☐ Claim Own Policy ☐ Claim Third party ☐ Reporting Only

☒ Claim OD (TP) at other workshop ()

Sketch Plan Scenario 1 Scenario 2

Woodlands Ave 12

A: GBK2657K (Alona)

B: GBG7282X (Alona)
chellaiah Ambumozhi
G 6925127M
HP-80696580

C: SMR7558M (Alona)
Yeo Chin Yang
S9078301G
HP-92336029

My vehicle was stationary due to red traffic ahead. Vehicle B was behind me. Then suddenly I felt an impact from behind and seconds later I felt another impact. Upon alighted to check, I then realized vehicle B was hit by car C and vehicle B tried to avoid me so he swerved right but still hit my vehicle rear right. Car C didn't stop and continued forward to hit the rear of my vehicle. No one was injured.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 01/07/23

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

[Signature] (YS)

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