

ASS. REC. BY:

REF:

PC2 / CS3/FCI24080346/Knp3

Kenneth

## ASSIGNMENT

From:

Estimated Cost:

Date:

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:

(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:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F: Norton

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time

Action / Instruction

EN report com 3-4K

Date/Time, File Pass to?

: Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

F. m/s

Others

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format:

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

TOTAL

## 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 First Submission	17/08/2024 09:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/08/2024 18:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TWDS CHANGI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4951T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH TECK HOE
NRIC No	S1759717E
Email Address	CLEAVENGHOHYJ@GMAIL.COM
Mobile Phone No	(Phone) +65-91391688
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YZF-R15
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	Motorcycle
Transmission	Manual
CC	150
Vehicle Fuel	Petrol
First Registration Date	14/08/2012
Chassis no	ME11CK015C2023348
Effective Date/Time of Ownership	14/08/2012 00:00 (SGT)

### INSURANCE COMPANY

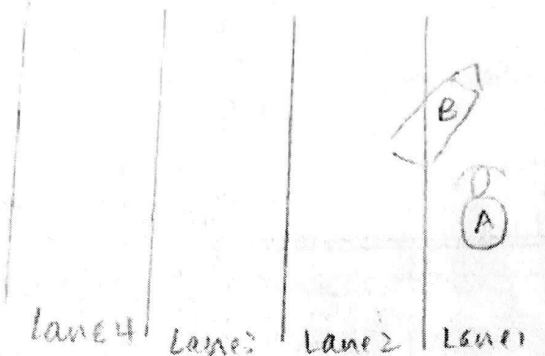
Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5061009126-11

DRIVER

SKETCH PLAN

A) FBG 49517

B) SHA 51705



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report attached.

Vehicle is @ Traffic Police compound.

\* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

(We declare the foregoing particulars are true in every respect)

*[Handwritten signature]*

