

ASS. REC. BY:

REF: AIG/Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hwe

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: \$ 28k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 02 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: GBI-19117Yr Regn: 07 16

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

Truck / Trailer or _____

Make: Toy Dynac.c. 2982Colour: Pilver

A/C: Insured / Std / NI / NA

Sp. Reading: 127598

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KDY 2318024127Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm orTyre Size: F: Yoko 195R15XRRear: Windforce 155R12XR(D)

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 9 mmR/Bal. 6 6 mmL/Bal. 9 mmL/Bal. 6 6 mmD.O.A. 28/8/24D.O.I. 25/11/2024

Survey held at _____

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

Rear O/S

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

Date / Time

Action / Instruction

1 EN not ready

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: ☐

Site Insp (\$

) \$ + RS. \$

☐

Interview (\$

) F. \$

☐

Tech Invs (\$

) Others

☐

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 willful 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 29/08/2024 19:15 (SGT)
Reported by Actual Driver
Date of Accident 28/08/2024 11:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information JERVOIS RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF1911J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PLANT CULTURE PTE LTD
Company Reg No 2XXXXX569W
Email Address sales-admin@plantculture.com.sg
Mobile Phone No (Phone) +65-88701148
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model DYNA 3.0 MANUAL
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 2982
Vehicle Fuel -
First Registration Date 26/07/2016
Chassis no KDY2318024127
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNA00043142406

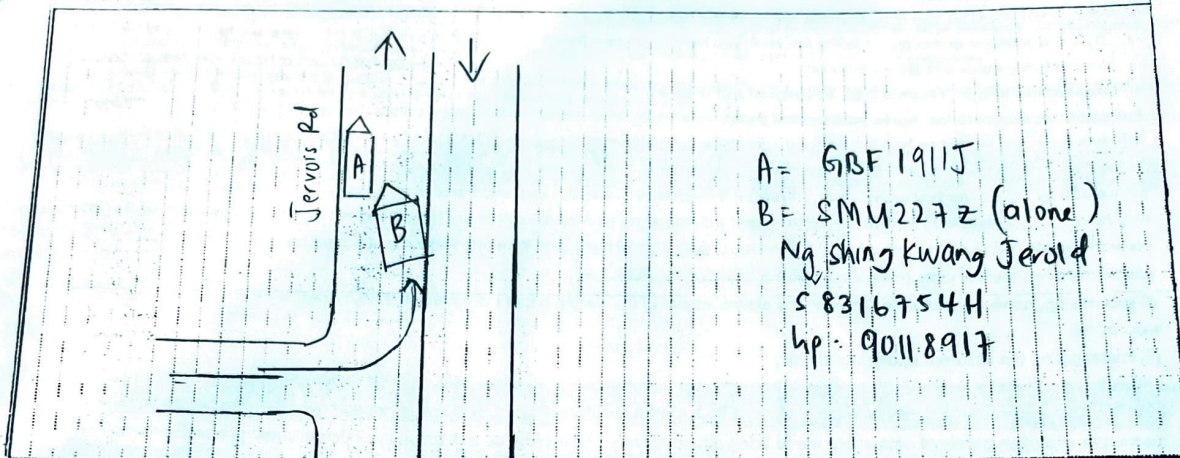
DRIVER

Describe Circumstance of the Accident

NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit 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



Date: 28/8/24

Time: 1155am (NS: China)

Accident occurred along Jervois Rd. my vehicle was parked stationary as I was eating my lunch.

All of a sudden, I felt an impact on my rear and realized car (B) had collided onto my lorry after turning left.

The driver came out of his vehicle and apologized for hitting onto my lorry. He later give me his particulars and ask me to claim from his insurance.

Nobody was injured. Clear, dry weather condition.

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)