ASS. REC. BY: Kenneth | REF: MSG/

ASSIGNMENT GB

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Poon Siang Seow

of 194X

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: $69k

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 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: ~~SJG~~ L52631H Yr Regn: 10, 21

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or A

Make: Toy Townace G L c.c 1496

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 114557 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: S403M-0005189

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: 175/70R14

R: _____

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

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	14/6/24	D.O.I.	24/6/2024

Survey held at _____

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

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

Date / Time	Action / Instruction
/	EN not ready

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S + RS ___ SI

Parking: _____

Others: _____

Add Fee:

☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

TOTAL: _____

Report Format :

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

SINGAPORE POLICE FORCE

E/20240615/7002

Report No. E/20240615/7002

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made	Vide Report No.	Station Diary No.
15/06/2024 08:28		

Name Of Informant Lim Ching Leong	Address 449 CHOA CHU KANG AVENUE 4 #15-449 SINGAPORE 680449			
ID Type / ID No. NRIC NO / S7274416J	Contact No. Home/Office:	Mobile: 94506236		
Nationality SINGAPORE CITIZEN	Email Address michael_lim@yahoo.com			
Occupation Electrical engineer	Sex Male	Age 52	Date of Birth 13/06/1972	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 14/06/2024 13:50 - 15/06/2024 08:21	Location Of Incident Blk 275 Bangkit Rd carpark			

Brief details.

My van park at carpeak lot , work after i come back found that my van side single light crack .

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/06/2024 08:28
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Bukit Timah NPC Kiosk 1