R LH

ASS. REC. BY: Kenneth

REF: C121

ASSIGNMENT

From: ____ Date: ____

Estimated Cost: ____

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

To Inspect Vehicle No: ____

at Workshop m/s Cheng Hoe

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: $31K

IDAC Accident Rport: ____ Consistent? : Yes or No

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

Est. Repairs: 04 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: SMA 2983R Yr Regn: 06.18

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

Make: N/S Sylphy (A) c.c 1598

Colour: M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 86771 T/Radio: Insured / Std / NI / NA

Eng/No: ____

C/No: MNTBBAB17Z0031865

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: 195/60R16

R: ____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm
D.O.A.	21/10/24	D.O.I.	28/10/2024

Survey held at ____

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

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

Date / Time	Action / Instruction
/	

Date/Time, File Pass to? ____

☐ : Prel. Report

☐ : Final Report

Date/Time, File Return to? ____

Days Of Repair: ____

Resurvey No. of Trip: ____

Add Fee:

☐ : Site Insp ($ ____)

☐ : Interview ($ ____)

☐ Tech Invs ($ ____)

☐ Weekend ($ ____)

Survey Fee:	
Transportation	
__S - RS.__SI	
Photos	
Others	
TOTAL	

Report Format :

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

Yr Regn: _____

...HENG HOE MOTOR PTE LTD[768761]
...TIME: 22/10/2024 17:36 (SGT)
...BY: CHIONG BENG CHOON
...1 (22/10/2024 17:36 (SGT))

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 witholding 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	22/10/2024 17:36 (SGT)
Reported by	Actual Driver
Date of Accident	21/10/2024 20:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SEMBAWANG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA2983R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHERWIN JINENDRA SENA
NRIC No	SXXXX517G
Email Address	sherwinlfc@hotmail.com
Mobile Phone No	(Phone) +65-96217612
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	SYLPHY 1.6 CVT
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	1598
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5148114930

DRIVER

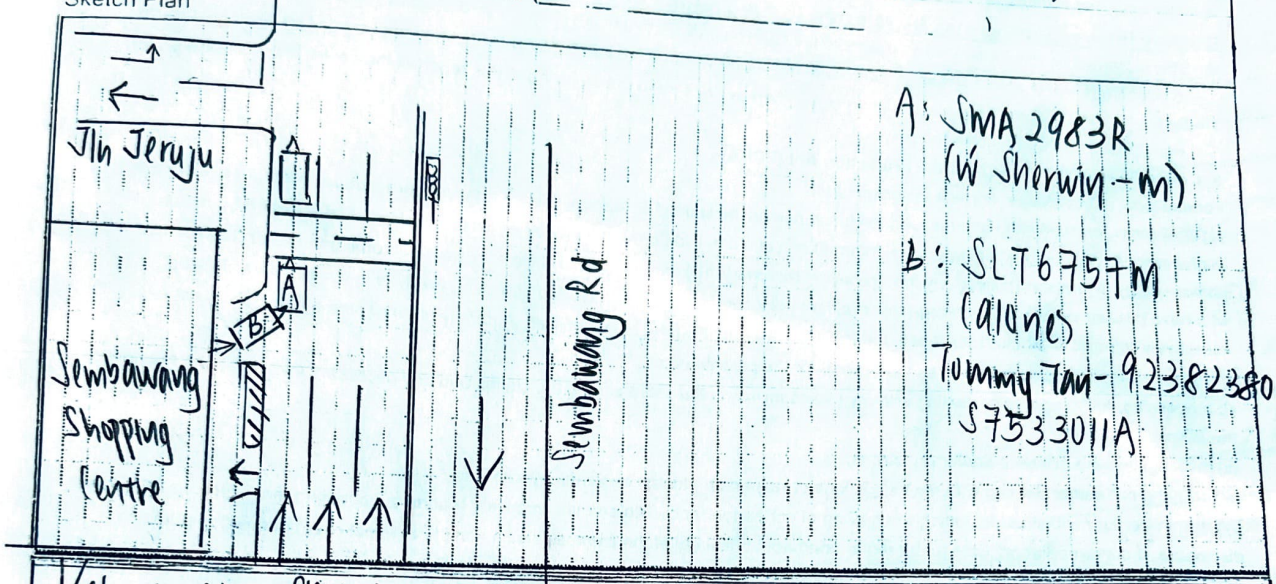
Describe Circumstance of the Accident

.. NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS 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 Onlly

( ) Claim OD/ TP at other workshop (_____)

Sketch Plan



Vehicle No: SMA 2983R (Income)
Date & Time: 21/10/24 @ 2020 (Monday)

Vehicles infront stop to prepare to turn into Jln Jeruju. I stop behind of unknown lorry, waiting to drive forward the junction. Next moment, felt an impact and realised motor car SLT6757M have drove out from Sembawang Shopping Centre and collided onto the rear left portion of my stopped vehicle. No injuries involved.

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)
	22/10/2024	(YS)