

ASS. REC. BY: Tough

REF: CS3/11124070402/Tp3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / 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 Velt: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
	X

Sal. or Market Value: 462K
IDAC Accident Rpt: _____ Consistent? : Yes or No
GIA / PR Seent: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res.: Yes or No
Lum Sum: _____ % 3 Val.: Yes or No
CA / REV / REP. / 24 HRS
Date: _____ Person Contacted: _____
Vehicle: IN / OUT

Date / Time	Action / Instruction

Veh No: SLC3787K Yr Regn: 2016, 05
Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Mercedes Benz C180 c.c. 1595
Colour: Blue A/C: Insured / Std / NI / NA
Sp. Reading: 152553 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WDD2050402R16 9275
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Inorder / Jammed / Leaked / Burnt or
Brake: Inorder / Jammed / Leaked / Burnt or
Mod: NIT / S/Rim / STD A/Rim or
Tyre Size: F: 225/50 R17
R: _____

B9 / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front: 6 mm Rear: 6 mm
R/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 30/7/24 24 pr
Survey held at Long View Photon Works
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, File Pass to? ☐ : Prell. Report
i) ☐ : Final Report
Date/Time, File Return to?

2) _____
Rep. Format: _____
Lump Sum / L.R.I. / ?

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:	
Transportation:	
S + RS: \$	
Photos	
Others	
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 filing 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	18/07/2024 17:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/07/2024 09:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 3 TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC3787K
Is your own insurer?	No
Is company?	No
Name Of Registered Owner	LEE GEOK KIAM
NRIC No	S1513883A
Email Address	longviewmw@hotmail.com
Mobile Phone No	(Phone) +65-96681775
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1595

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5108547123-05

DRIVER

Name of Driver	LEE GEOK KIAM
NRIC No	S1513883A
Date Of Birth	06/07/1961
Occupation	Indoor

Driving Pass Date	10/11/1978
Driving experience	45 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96651775
Alt. Phone Number	-
Email Address	longviewmw@hotmail.com
Address	29 FERNVALE CLOSE #06-22
Address complement	-
Postcode	797464
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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 STATEMENT

ATTACHMENTS

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SLK2437K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-