

Colour
Sp. Reading
Eng No:
C/No:
Gen. Con
Steering
Brake:
Mod:
Tyre S

REF: 1502 CS3/FCI24080088/Kvp3

ASS. REC. BY:

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of 5032 299 828C

Insured: SHD 4509H

Policy No. _____

Claims No. D24006822MFCT

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: 826K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 06 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: GBF 5398P Yr Regn: 12.18

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

Truck / Trailer or (m)

Make: NIS NV200 c.c. 1461

Colour: Silver AC: Insured / Std / NI / NA

Sp. Reading: 108751 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSK YBAM 202 0133467

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M/T S/Rim / STD A/Rim or

Tyre Size: F: Yoko 175/70R14

R: B.S

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

TOYO / YOKO or

Front: 8 mm Rear: 8 mm

R/Bal. 8 mm L/Bal. 8 mm

D.O.A. 1/8/24 D.O.I. 7/8/2024

Survey held at _____

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

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

Date / Time

Action / Instruction

1 Tailor jammed PRS

2M rear con 86-7K

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: 6

Resurvey No. of Trip: _____

Survey Fee:

1)

☐ : Final Report

Transportation

Date/Time, File Return to?

Add Fee: ☐ : Site Insp (\$

S + RS. \$

2)

☐ : Interview (\$

Fuel

☐ : 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 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	02/08/2024 09:29 (SGT)
Reported by	Actual Driver
Date of Accident	01/08/2024 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE(CITY) BEFORE EXIT 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF5398P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZOAA PRO PTE LTD
Company Reg No	201920828C
Email Address	ZOAAPROFESSIONAL@GMAIL.COM
Mobile Phone No	(Phone) +65-98896488
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	730
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5132244337-01

DRIVER

1