

ASS. REC. BY:

REF:

1051

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s

Aventon Auto

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: 882k

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

11/32

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No:

SKH 41017 Yr Regn: 12, 12

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

Truck / Trailer or _____

Make:

Volkswagen Touan c.c. 1390

Colour:

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

148771

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No:

WVG 8881 T80W 033281

Gen. Cohd: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F: 205/55R18

R: _____

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

TOYO / YOKO or _____

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

3/18/24

D.O.I.

7/8/2024

Survey held at _____

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

C/S Rm

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) S - RS. SI

) F. M. S.

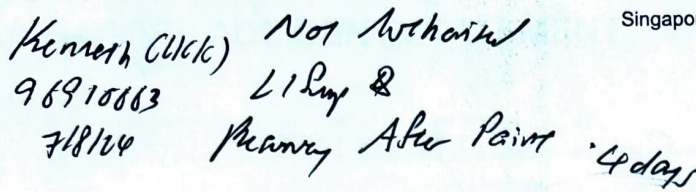
) Others

)

Report Format :

Lump Sum / I.B.I: (\$

TOTAL



Singapore 608586

www.avantage.sg

Chassis No : WVGZZZ1TZDW033281

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 05/08/2024 17:28 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 03/08/2024 10:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information ELIAS ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH4101T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUA YEW SONG
NRIC No SXXXX679J
Email Address CHUAYEWSONG@SINGNET.COM.SG
Mobile Phone No (Phone) +65-98269749
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Touran
Variant SPORT 1.4 TSI 1T34C4 HID SR
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 1390
Vehicle Fuel Petrol
First Registration Date 03/12/2012
Chassis no WVGZZZ1TZDW033281
Effective Date/Time of Ownership -

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number MT/01120573/01

DRIVER

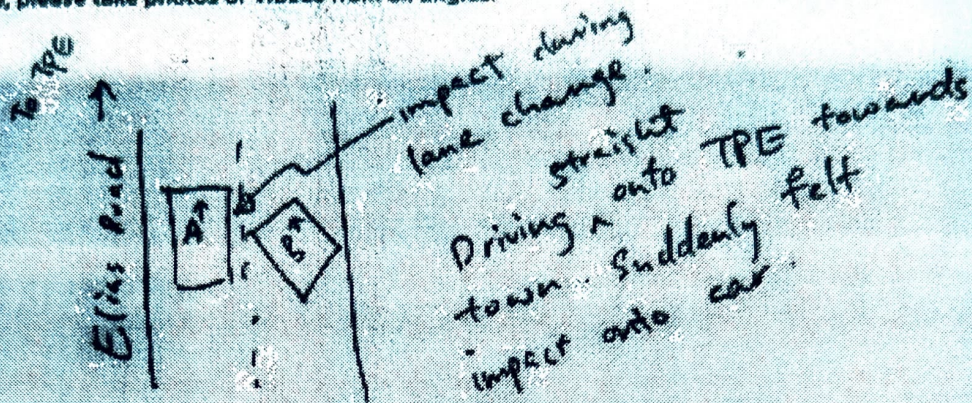
Accident Toolkit

Sketch plan

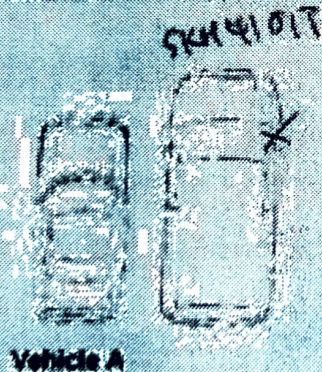
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

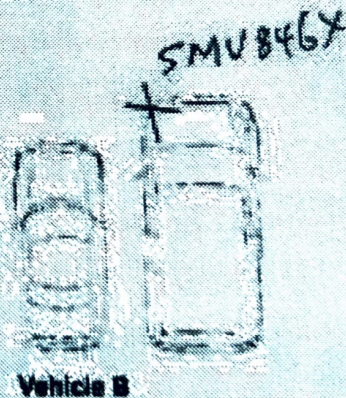
If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A



Vehicle B

direct
asia
insurance

Call us direct

6665 5555

6532 1818

At 2000 1000 hours