

ASS. REC. BY:

REF:

II

PRS

ASSIGNMENT

(C-2024)

From:

Date:

6.4.2024

Estimated Cost:

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

To Inspect Vehicle No:

SBC 37E

at Workshop m/s

Wah Yu Automotive

of

176 sin ming Drive #05-09

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:

\$ 64K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

7

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mp'

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SBC 37E

Yr Regn:

11 Jun 2024

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

Truck / Trailer or

Make:

Merce C180

CC 1595

Colour:

white

A/C: Insured / Std / Nil / NA

Sp. Reading

89323

T/Radio: Insured / Std / Nil / NA

Eng/No:

C/No:

WDD204312632705

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:

225/45 ZR17

R:

1/

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

06-04-20

Survey held at

w/s

3:30pm

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

Action / Instruction

COE: 50448

\$ 8000 - \$ 10K.

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format :

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

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 Authorized 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 Report 01/04/2020 17:28
Date Of Accident 31/03/2020 15:30
Exact Location Of Accident ANG MO KIO AVE 9
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBC37E
Insured/Policyholder
Name Of Registered Owner GOH HONG NGOH
NRIC No SXXXX116I
Email Address YEETINGYEO@GMAIL.COM
Mobile Phone No (LOCAL) +65-91146556
Alternative Phone No OFFICE-91146556

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model C180-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5101656923-01
Cover Note Number

Driver

Name of Driver YEO YEE TING
NRIC No SXXXX029J
Date Of Birth 25/03/1991
Occupation INDOOR
Date Of Driving Pass 23/12/2009
Driving Experience 10 YEARS AND 3 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-91146556
Fax Number
Contact Number
Email Address YEETINGYEO@GMAIL.COM