

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s RC Arts

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: _____

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLU 20824 Yr Reg: 11, 17Type: MCar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Elantra cc 1591Colour: M. Silver A/C: Insured / Std / Nil / NASp. Reading: 21477 T/Radio: Insured / Std / Nil / NA

Eng No: _____

C/Nr: KMH0841CMJU 370467Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / SRim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or Nexen

Front: _____ Rear: _____

R/Sal: 8 mm R/Sal: 8 mmL/Sal: 8 mm L/Sal: 8 mmD.O.A. 28/4/20 D.O.I. 4/5/2020

Survey held at _____

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop oro/s body

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

Date / Time Action / Instruction

EST NOT ready

Date/Time, File Pass to?

☐ : Prell. Report

1) 19/05 Typist

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trlp: 2

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

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

Report Format: TP

Lump Sum / I.B.I. (\$) 4494.40

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 Authorised 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	29/04/2020 13:36
Date Of Accident	28/04/2020 19:20
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2082Y
Insured/Policyholder	
Name Of Registered Owner	STEPHANIE PANG SEW MEI
NRIC No	SXXXX280H
Email Address	RCAUTO5555@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90291631
Alternative Phone No	OFFICE-90291631

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2036697
Cover Note Number	

Driver

Name of Driver	STEPHANIE PANG SEW MEI
NRIC No	SXXXX280H
Date Of Birth	21/05/1973
Occupation	INDOOR
Date Of Driving Pass	24/01/1995
Driving Experience	25 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90291631
Fax Number	
Contact Number	OFFICE-90291631
Email Address	RCAUTO5555@GMAIL.COM

Address 16C PALM GROVE AVE S(544957)
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

refer attached report.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR1053D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver DJIE KWONG HWEE
NRIC/Passport Number
Contact Number 84444466
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Informant:

Stephanie Pang Sew Mei

NRIC: S7318280H

Vehicle No. SLU2082Y (Hyundai)

Mobile: 90291631

Third Party:

Djie Kwong Hwee

NRIC: S7534454F

Vehicle No. SLR1053D (BMW)

Mobile: 84444466

Insurance Policy [UOI] DHOM120045111900

Independent Witness:

Aaron

Vehicle No. SMJ9598B (Honda)

Mobile: 82336347

Traffic Accident Report for Third Party Insurance Claim

On 28 Apr 2020 at about 7.20pm, I was driving my car (Hyundai Elantra, SLU2082Y) along Hillside Drive towards the direction of Upper Serangoon Road. At the junction of Kovan Rd, another car (BMW, SLR1053D) hit onto my car on the driver side door.

Road condition was dry and road was well lit with street lights. I did not sustain any injury.

I am lodging this report for third party insurance claim against the driver of SLR1053D.

