

ASS. REC. BY:

REF:
CS/

MSG / 2000 5 781 / Kvf3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / 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 Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / DEV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKP 1129S

Yr Regn:

10, 09

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

Truck / Trailer or

Make:

Toyota Alphard

c.c

2362

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

152.397

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ANH 20. 8021239

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

255 / 40ZR19

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

15/5/20

D.O.I.

20/5/2020

Survey held at

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

N/S Frt & U/C

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

Date / Time

Action / Instruction

1 / EST not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 6

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format: Merimen

Lump Sum / I.B.I: (\$ 7050)

For Sun Wejer

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	16/05/2020 11:39
Date Of Accident	15/05/2020 16:45
Exact Location Of Accident	UPPER SERANGOON TOWARDS TOWARDS BENDEMEER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP1129S
Insured/Policyholder	
Name Of Registered Owner	SEEVALI MAJINTHA FERNANDO
NRIC No	SXXXX847F
Email Address	LYDIA6438@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96392116
Alternative Phone No	OFFICE-96392116

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
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
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5116982805
Cover Note Number	

Driver

Name of Driver	YAP CHEN YEE
NRIC No	SXXXX085H
Date Of Birth	14/10/1979
Occupation	INDOOR
Date Of Driving Pass	25/05/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96392116
Fax Number	
Contact Number	OFFICE-96392116
Email Address	LYDIA6438@GMAIL.COM

Address	46 BODMIN DRIVE SINGAPORE
Postcode	559645
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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 TO ATTACHED

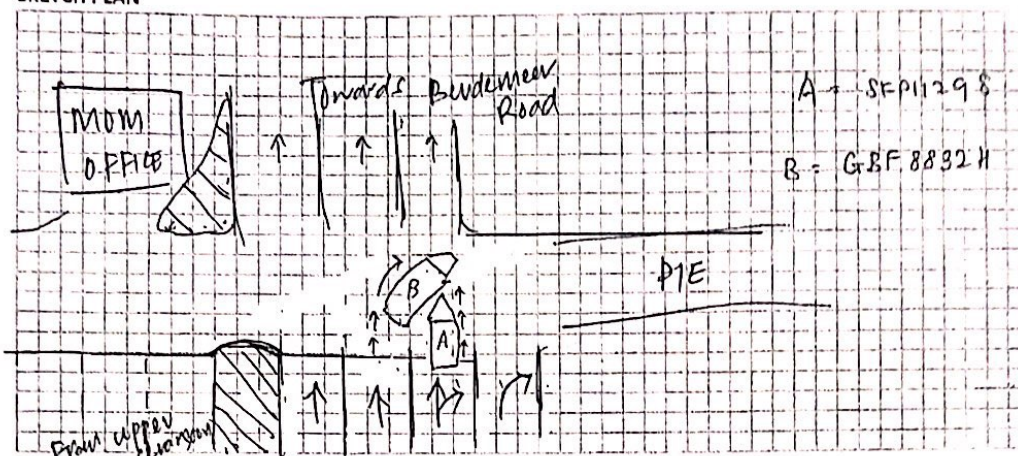
Attachment(s)

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	GBF8832H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MAHADI BIN ZAMBRI
NRIC/Passport Number	SXXXX286E
Contact Number	98767957
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 17:45 pm (15/5), my car SEP11298 was travelling towards Bendeen direction. I stopped at the traffic light waiting to go straight and the other van was on my left lane that only allow to go straight. After the traffic light turned green, I proceed to go straight but the van driver ~~proceed to turn right~~ proceed to turn right towards PIE despite I honned him.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 16/5/20 11:37am

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/5/20 11:37am

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: