

CS/MSG 20006499/Tivf3.

REF:

ASS. REC. BY:

Taylor

MSG.

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.

N/S	O/S
	X

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent?: Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

ms Ray

Veh No: SJL6009E Yr Regn: 2015, Dec.

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

Truck / Trailer or

Make: Mazda 3 c.c. 1496

Colour: Blu A/C: Insured / Std / NI / NA

Sp. Reading: 71478 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMBSM 44 A860326340.

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 20 / 60R16

R: 7

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

TOYO / YOKO or Hooker

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. _____ D.O.I. 26/6/2024

Survey held at Woon May But Bk

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

Rear o/s

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

Date / Time	Action / Instruction
	W/S will email estimate later
9/7/2020	LS \$2000 confirmed by email, 3 days (Red 1823.76, 48%)

Date/Time, File Pass to?

: Prell. Report

1)

: Final Report

Date/Time, File Return to?

2) 13/7/20-Typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$ _____) S + RS \$ _____

: Interview (\$ _____) Photos

: Tech. Invs (\$ _____) Others

Rep. Form: Merimen

LS \$2000

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	19/06/2020 14:35
Date Of Accident	19/06/2020 06:45
Exact Location Of Accident	CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL6009E
Insured/Policyholder	
Name Of Registered Owner	NG YEOW HIAN
NRIC No	SXXXX748I
Email Address	YEOWHIAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96774088
Alternative Phone No	OFFICE-96774088

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPG19012049
Cover Note Number	

Driver

Name of Driver	NG YEOW HIAN
NRIC No	SXXXX748I
Date Of Birth	14/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2003
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96774088
Fax Number	
Contact Number	OFFICE-96774088
E-Mail Address	YEOWHIAN@HOTMAIL.COM

Address BLK 461, SEGAR ROAD, #15-207
 Postcode 670461
 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 - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface WET

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) 2
 Passenger 1
 NAME: : ESTHER
 GENDER: : FEMALE

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 SKETCH PLAN.

Attachment(s)

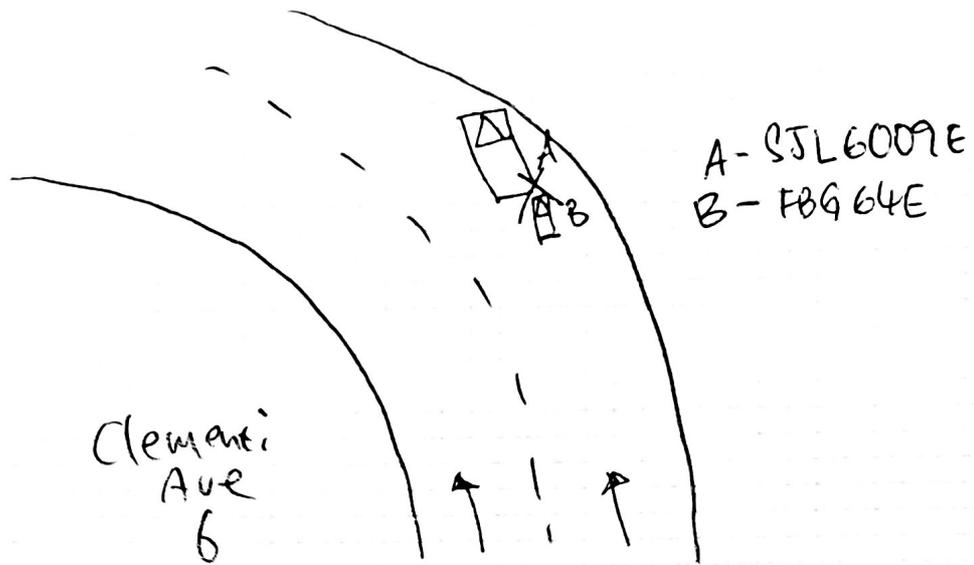
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number FBG64E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver TEE KENG SENG
 NRIC/Passport Number SXXXX920H
 Contact Number 96774088
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

AYE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Was driving along the bend as the car in front of me stop, I stop the car immediately. About a few moment later there was a bang on my right rear of the car. A motobike bang onto my car. The rider admitted that he saw my car slow ator but due to floor is wet, he was not able to stop the bike in-time.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

 
 Policyholder's Signature
 Date & Time: 19/6/2020

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

 19/6/20
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: