

ASS. REC. BY:

REF:

CTZ/

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:

2-3

days

Res.: Yes or No

Lum Sum:

1.81

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBC 8550R

Yr Regn:

11, 17

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

Truck / Traller or

Make:

NIS

NV350

c.c.

2488

Colour

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

93657

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JN1MC 2E 268 0009598

Gen. Cond:

Good / Fair / Poor / Burnt

Steering: In

Order / Jammed / Leaked / Burnt or

Brake: In

Order / Jammed / Leaked / Burnt or

Modl:

Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

195 R15 X8

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

8

mm

L/Bal.

9

mm

L/Bal.

8

mm

D.O.A.

21/7/20

D.O.I.

30/7/2020

Survey held at

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

Fr o/s

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

Date / Time

Action / Instruction

EST not ready, Vincent said 1.B.1

confirm COR at \$5,399.33 (before GST) and 03 days.

red: 7567.97:58%

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

Lump Sum / I.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 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	22/07/2020 12:51
Date Of Accident	21/07/2020 10:05
Exact Location Of Accident	BLK 107 BEDOK NORTH ROAD CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8550R
Insured/Policyholder	
Name Of Registered Owner	HORIZON AUTOMOTIVE PTE LTD
Co Reg No	2XXXXX371K
Email Address	JEREMYKONGCW@HORIZON-AUTOMOTIVE.COM
Mobile Phone No	(LOCAL) +65-92311006
Alternative Phone No	OFFICE-92311006
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350-2.5 5AT 5DR EURO V (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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110569675-01
Cover Note Number	
Driver	
Name of Driver	NG GEOK YEN
NRIC No	SXXXX232E
Date Of Birth	15/10/1982
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2014
Driving Experience	5 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96658777
Fax Number	
Contact Number	
Email Address	NOEMAIL

BLK 107 BEDOK NORTH ROAD

#03-2262

460107

Was driver an employee of the Insured's Company NO
No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
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 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? NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 3
Passenger 1 NAME: : EVE
GENDER: : FEMALE
Passenger 2 NAME: : SAMUEL LIM
GENDER: : MALE

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 POLICE 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

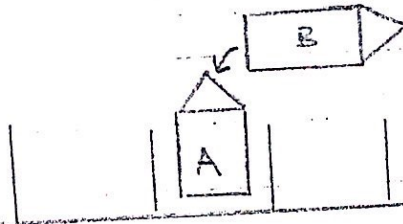
Vehicle Registration Number SCA937G
Vehicle Make/Model/Colour LEXUS
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SIM JIN HUI
NRIC/Passport Number
Contact Number 98782672
Address
Postcode

SKETCH PLAN

BR 107, Baidok North Road.

Vehicle A:
ABS 8550R

Vehicle B:
SA 937G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked in a parking lot. As I was moving out. Suddenly vehicle B reversed into me. I looked at him, but the speed that he was driving was too fast and hit my vehicle.

Attached is a statement from vehicle B driver admitting liability.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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