

## 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. DMCVSNA00049062000  
 Claims No. SNM20D202999C02  
 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 Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 6 days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: 979886L Yr Regn: 2019 OCT  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Nissan NV200 c.c. 1461  
 Colour: Grey. A/C: Insured / Std / NI / NA  
 Sp. Reading: 17353 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: VSKYBAM 2020180786  
 Gen. Cond: Good Fair / Poor / Burnt  
 Steering: Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 175/70R14C  
 R: 175/70R14C  
 BS / DUN / EXNOVA / GY FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. 06 mm R/Bal. 06 mm  
 L/Bal. 06 mm L/Bal. 06 mm  
 D.O.A. \_\_\_\_\_ D.O.I. 25/08/20  
 Survey held at Automobile Hub.  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Front x/s.  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP Chm.</u>
26/08/20@10.32am	Informed Alfred, we are pending estimate from repairer.
22/09/20@11am	revised to Alfred Toh via Merimen.
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>
	LS \$6900, 6 days (Red \$7837.56, 53%)

Date/Time, File Pass to?

☐

Preli. Report

1) 22/09 Typist

☐

Final Report

Date/Time, File Return to?

2)

Report Formed: MER-TPEmp. No. 6900Days Of Repair: 6Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Other:

TOTAL

## 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	21/08/2020 17:59
Date Of Accident	21/08/2020 14:05
Exact Location Of Accident	JUNC CHAI CHEE ST & CHAI CHEE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY9886L
Insured/Policyholder	
Name Of Registered Owner	NG TEO GUAN SELF SERVICE
Co Reg No	0XXXX200A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900194401
Cover Note Number	

### Driver

Name of Driver	TAN SHIH HAN (CHEN SHIHAN)
NRIC No	SXXXX607E
Date Of Birth	02/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	29/07/2008
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98274806
Fax Number	
Contact Number	OFFICE-98274806
EMail Address	NOEMAIL

Address	BLK 53 CHAI CHEE STREET
	#10-348
Postcode	460053
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	YES
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)	3
Passenger 1	NAME: : HUANG HUIQUN
	GENDER: : FEMALE
Passenger 2	NAME: : -
	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 STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB6274C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN SHIH HAN (CHEN SHIHAN)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GY9886L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name HUANG HUIQUN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GY9886L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

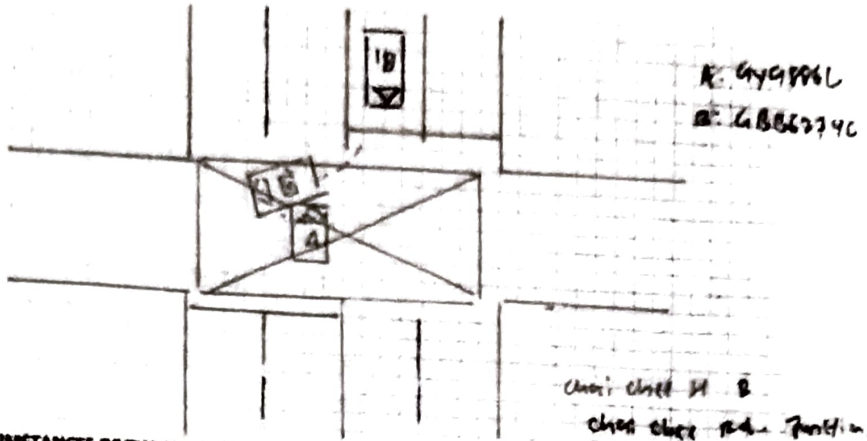
Address

Postcode



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, as the traffic was green in favor, I proceed travelling straight. Vehicle B make a right turn and hit into my vehicle front portion. I wish to state that the opposite direction of the road traffic light did not turn green now.

## DECLARATION

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

Blk 301, Ubi Ave 1 #01-251

G. C. 400301

Policyholder's Signature

Date: 20/06/2001

7006746 5430

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel Signature

Name:

NRIC/FIN No.: