

ASS. REC. BY:

Steve

REF:

CS/CTI 20009181/E VF3

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:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLS 71876

Yr Regn:

2/10/17

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

Truck / Tractor or

Make:

Honda Vezet

c.c

1496

Colour:

511/11

A/C:

Insured / Std / NI / NA

Sp. Reading

82849 214573

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

R031242352

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ In order / ☐ Jammed / ☐ Leaked / ☐ Burnt orModl: ☒ Nil / ☒ S/Rim / ☐ STD A/Rim or

Tyre Size:

F:

215/55R16

R:

1

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

TOYO / ☒ YOKO or ☐

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

28/8/20

D.O.I.

31/8/20

Survey held at

NI-SI

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

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

Date / Time

Action / Instruction

MK-68K

Waiting Estimate

L/S \$4500.00 (RED: \$4097.92, 47%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 17/09/20 TYPIST

Rep. Form:

Lump Sum / U.C. /

\$4500.00

Days Of Repair:

5

Resurvey No. of Trip:

3

Survey Fee:

Transportation:

S + RS - SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

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 28/08/2020 21:26
Date Of Accident 28/08/2020 15:50
Exact Location Of Accident ALONG UPP SERANGOON ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS7187G
Insured/Policyholder
Name Of Registered Owner GRAB RENTALS PTE LTD
Co Reg No 2XXXXX200G
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-31388644

Vehicle Particulars

Manufacturer HONDA
Model VEZEL-1.5 HYBRID X (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 PRIVATE HIRE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number 29141713
Cover Note Number

Driver

Name of Driver TAN SOO WAN
NRIC No SXXXX682J
Date Of Birth 28/07/1958
Occupation OUTDOOR
Date Of Driving Pass 23/02/1982
Driving Experience 38 YEARS AND 6 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-84815758
Fax Number
Contact Number
Email Address NOEMAIL

Address	BLK 221A SUMANG LANE #10-05
Postcode	821221
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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?	
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

ON 28/08/2020 AT 3:50PM, I WAS STATIONARY ALONG UPP SERANGOON RD (BEFORE ST ANDREW'S SCHOOL). I WAS BEFORE THE YELLOW BOX AS A BUS WAS EXITING FROM THE BAY. SUDDENLY I FELT AN IMPACT FROM THE REAR. I ALIGHTED FROM MY CAR TO CHECK. I REALIZED THAT VEHICLE B HAD COLLIDED INTO MY STATIONARY CAR WHILE TRYING TO SLIDE OUT INTO THE LANE ON THE RIGHT. MY CAR'S REAR PORTION WAS DAMAGED. MY REAR GLASS WAS SHATTERED.

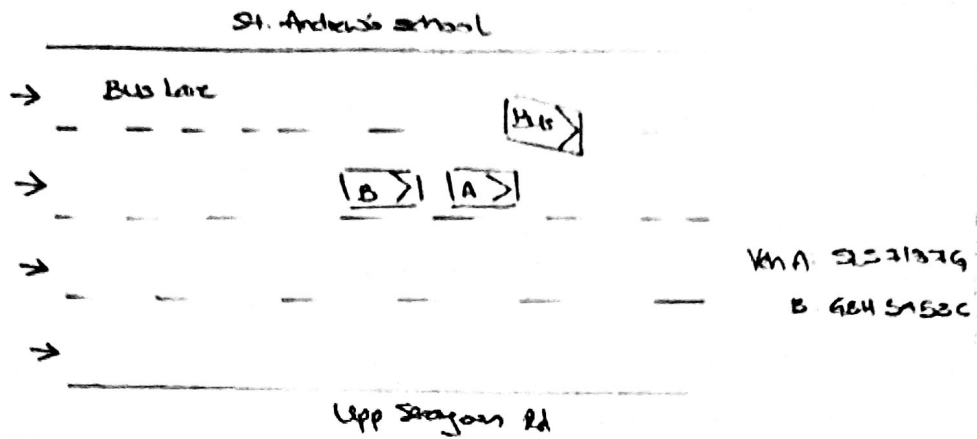
Attachment(s)

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	GBH5453C
Vehicle Make/Model/Colour	TOYOTA / DYNA / WHITE
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TOH JIAN LONG
NRIC/Passport Number	SXXXX120E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/8 at 3:50pm, I was stationary along Upp Seagons Rd (before St Andrew's school). I was before the yellow box as a bus was coming from the left. Suddenly I felt an impact from the rear. I alerted from my car to check. I realised that vehicle B had collided into my stationary car while trying to slide into the lane on the right. My car's rear portion was damaged. My rear glass was shattered.

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.: