

ASS. REQ. BY:

REF:

C72 / 20009989/Kg f3

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. DMB1SN15479919044

Claims No. SNM20D203382

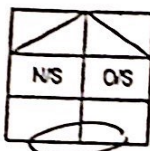
Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Est. or Market Value:

IDAC Accident Report Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 ~~45~~ days Res.: Yes or No

Lum Sum: 1-B.1% 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

SMA 9425

Yr Regn:

07.18

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

Truck / Trailer or

CA

Wagon

Make:

Toy

Vox

cc

1797

Colour

M-Black

AG:

Insured / Std / NI / NA

Sp. Reading

48073

T/Radio:

Insured / Std / NI / NA

Eng No:

C/Nr:

EWR80

0305829

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/50R17

R:

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

TOYO / YOKO or

Front

Rear

R/Sal.

3

mm

R/Sal.

1

mm

L/Sal.

3

mm

L/Sal.

1

mm

D.O.A.

16/9/20

D.O.I.

17/9/2020

Survey held at

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

1 / Est not ready

17/09/20@5.20pm Informed Jenny Lew, we are pending for estimate from repairer.

09/11/21@1.58pm June informed that the owner convert to claim OD claim.

11/11/21 Submit Preli. report.

Date/Time, File Pass to?



Preli. Report

11/11 Typist



Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format:

Lump Sum / L.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	16/09/2020 10:59
Date Of Accident	16/09/2020 05:40
Exact Location Of Accident	YISHUN AVE 7- HEAVY VEHICLE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9412S
Insured/Policyholder	
Name Of Registered Owner	STARLIGHT TRANSPORTATION
Co Reg No	5XXXX096B
Email Address	RAY.STARLIGHT@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-88189922

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 1.8X CVT
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116327957
Cover Note Number	24/02/2020- 23/02/2021

Driver

Name of Driver	WOEE SOH CHUAN(HUANG SHOUQUAN)
NRIC No	SXXXX396C
Date Of Birth	10/10/1975
Occupation	INDOOR
Date Of Driving Pass	04/07/1996
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88189922
Fax Number	
Contact Number	
Email Address	RAY.STARLIGHT@GMAIL.COM

Address BLK 311 CANBERRA RD #13-149
Postcode 750311
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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions RAINING
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?
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) 0

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

MY VEHICLE WAS PARKED AT THE VEHICLE CARPARK SINCE 16/9/20 SINCE 5AM. AT ABOUT 535AM, MY EMPLOYEE CALLED ME TO INFORM THAT HE HAD ACCIDENTLY REVERSED ONTO MY STATIONARY VEHICLE WHILE REVERSING AND CAUSED DAMAGES..

Attachment(s)

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

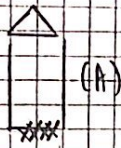
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PA6538G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Kenneth

From:

Est:

Yishun Ave 7
Heavy Veh c/park

A = SMQ94125

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked at the vehicle carpark
 since 16/9/20 since 5am -
 At about 535am, my employee called me to
 inform that he had accidentally collided onto my
 stationary vehicle while reversing and caused damages.
 He was driving PA65386.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim
 under your own comprehensive policy. Please check with your policy for more information.

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: Eddy
 NRIC/FIN No.:

GIARMC SketchPlanForm_V3

☐ Claim Own Policy ☒ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()

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