

<p>Vehicle No. GBK3226P</p> <p>Type M.Car / M.Cycle / Bus (Van) / Lorry / Taxi / Prime Mover /</p> <p>Truck / Trailer or</p> <p>Make Nissan NV200 cc 1461</p> <p>Colour Silver A/C Insured / Std / NI / NA</p> <p>Sp Reading 4791 T/Radio: Insured / Std / NI / NA</p> <p>Eng/Ho.</p> <p>C/Ho: VSKYBAM2000179071</p> <p>Gen. Cond Good / Fair / Poor / Burnt</p> <p>Steering: In order / Jammed / Leaked / Burnt or</p> <p>Brake: In order / Jammed / Leaked / Burnt or</p> <p>Modi Nil / S/Rim / STD A/Rim or</p> <p>Tyre Size: F: 175/70R14C</p> <p>R: 175/70R14C</p> <p>BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /</p> <p>TOYO / YOKO or</p> <p>Front</p> <p>R/Bal 06 mm</p> <p>L/Bal 06 mm</p> <p>D.O.A</p> <p>Rear</p> <p>R/Bal 06 mm</p> <p>L/Bal 06 mm</p> <p>D.O.A 30/09/20</p> <p>Survey held at Ryder.</p> <p>Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or</p> <p>The U/C / Chassis frame / Body Structure affected due to collision</p>	<p>Policy No. DMCVSNW00064212003</p> <p>Claim No. SNM20D203583C02</p> <p>Amount Insured Excess</p> <p>(Client's Record)</p> <p>Make of Veh.</p> <p>(Policy Condition)</p> <p>Remark: The veh had commenced its repair at the time of inspection.</p> <table border="1"> <tr> <td>N/S</td> <td>O/S</td> </tr> <tr> <td></td> <td></td> </tr> </table> <p>Ball or Market Value</p> <p>IDAC: Accident Report Consistent? : Yes or No</p> <p>GIA / PR: Seen Consistent? : Yes or No</p> <p>Est. Repairs 6 days Res: Yes or No</p> <p>Lump Sum " 3 Val Yes or No</p> <p>CA / REV / REP. / 24 HRS</p> <p>Date- Person Contacted: Vehicle: IN / OUT</p>	N/S	O/S		
N/S	O/S				

01/10/20@12.40pm Informed Cecilia Low, we are pending for estimate from repairer.
 17/11/20@3.06pm revised to Cecilia Low via Merimen.

MV
 PV
 Net

LS \$5900, 6 days (Red \$3869.61, 40%)

Date/Time: File Entries: ☐ : Preli. Report
 17/11 Typist ☐ : Final Report
 Date/Time: File Entries:

Days Of Repair: **6**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation

LS + PS

Hour

Other

Cost Fee: ☐ : Site Insp. \$

☐ : Interview \$

☐ : Test \$

☐ : Other \$

MER-TP

Lump Sum :\$ 5900

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	29/09/2020 14:27
Date Of Accident	28/09/2020 14:10
Exact Location Of Accident	SLE TWDS CITY BEFORE EXIT 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3226P
Insured/Policyholder	
Name Of Registered Owner	INTERPAK INDUSTRIES PTE LTD
Co Reg No	2XXXXX641H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96986870
Alternative Phone No	OFFICE-96986870

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 ACENTA DCI 1.5 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5112710590
Cover Note Number	

Driver

Name of Driver	NG KIAN HONG
NRIC No	SXXXX815G
Date Of Birth	22/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	16/11/1990
Driving Experience	29 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96986870
Fax Number	
Contact Number	OFFICE-96986870
EEmail Address	NOEMAIL

Address	BLK 27 GHIM MOH LINK #29-254
Postcode	270027
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	4
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)	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

REFER TO STATEMENT.

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	GBF2080A
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ7166H
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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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

GBB2470D

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

NG KIAN HONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

GBK3226P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

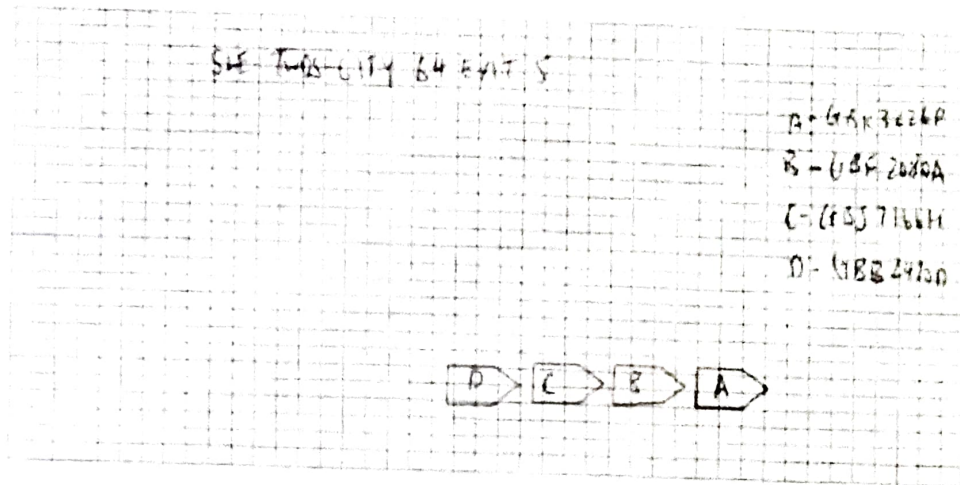
NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN:







DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

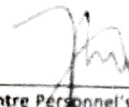
I WAS TRAVELLING ALONG SLE TOWARDS CITY BEFORE EXIT 5. I WAS TRAVELLING AT A SLOW SPEED. VEHICLE AHEAD SLOWED DOWN AND I FOLLOWED SUIT. SUDDENLY, VEHICLE B REAR-ENDED MY VEHICLE.

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: