

~~ASS. REC.~~
Menneth

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s Thiam Heng Hua
of _____
Insured: 371K
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: \$44K

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Veh No: GBG 4204S Yr Regn: 08, 17
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: Fiat Fiorino C.C. 1248
Colour: M. Green AC: Insured / Std / NI / NA
Sp. Reading 143803 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: BFA 225000061-47081
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: 185 / 85R15
R: _____

BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/
TOYO/YOKO or

Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 8/10/20 D.O.I. 12/10/2020
 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 LTM Release @ 24,287
	finalise lump sum \$16,000, 24days
	red: 20973.80; 56%

Date/Time, File Pass to?

☐: Prell. Report

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□: Final Report

Data/Time, File Return to?

Days Of Repair: 24

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee: : Site Insp (\$

1: Interview (S

Tech Invs (\$

Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

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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 09/10/2020 15:39
Date Of Accident 08/10/2020 19:30
Exact Location Of Accident BUKIT TIMAH EXPRESSWAY
Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG4204S
Insured/Policyholder HORIZON AUTOMOTIVE PTE LTD
Name Of Registered Owner 2XXXXX371K
Co Reg No JEREMYKONGGCW@HORIZON-AUTOMOTIVE.COM
Email Address (LOCAL) +65-92311006
Mobile Phone No OFFICE-64530100
Alternative Phone No
Vehicle Particulars FIAT
Manufacturer FIORINO CARGO SEMI GLAZED 1.3 SX
Model
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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
Name of Insurance Company COMPREHENSIVE
Type Of Coverage NO
Fleet Policy 5110569675-01
Policy Number
Cover Note Number
Driver NORAZLIN BINTE YUSOF
Name of Driver SXXXX796B
NRIC No 25/06/1989
Date Of Birth OUTDOOR
Occupation 07/02/2017
Date Of Driving Pass 3 YEARS AND 8 MONTHS
Driving Experience FEMALE
Gender (LOCAL) +65-87522425
Mobile Number
Fax Number
Contact Number NOEMAIL
Email Address

Address BLK 895B WOODLANDS DRIVE 50 #10-28
 Postcode 731895
 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 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? YES
 Was any injured conveyed to hospital by ambulance? YES
 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) 5
 Passenger 1

NAME: : NORAZUIN BINTE YUSOF
 GENDER: : FEMALE

Passenger 2

NAME: : MUHAMMAD NA'IL SHAH BIN MUHAMMAD NAZARUDDIN SHAH
 GENDER: : MALE

Passenger 3

NAME: : MUHAMMAD NAFI' SHAH BIN MUHAMMAD NAZARUDDIN SHAH
 GENDER: : MALE

Passenger 4

NAME: : MUHAMMAD NAQI' SHAH BIN MUHAMMAD NAZARUDDIN SHAH
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name
 Police Station Address
 Police Station Contact
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

PASIR RIS NEIGHBOURHOOD POLICE CENTRE
 ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
 TEL NO: 1800-5852999 - FAX NO: 65855261

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

GBK2375Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

ANDIYAPPAN PRAKASH

NRIC/Passport Number

GXXXX991R

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NORAZLIN BINTE YUSOF

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBG4204S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

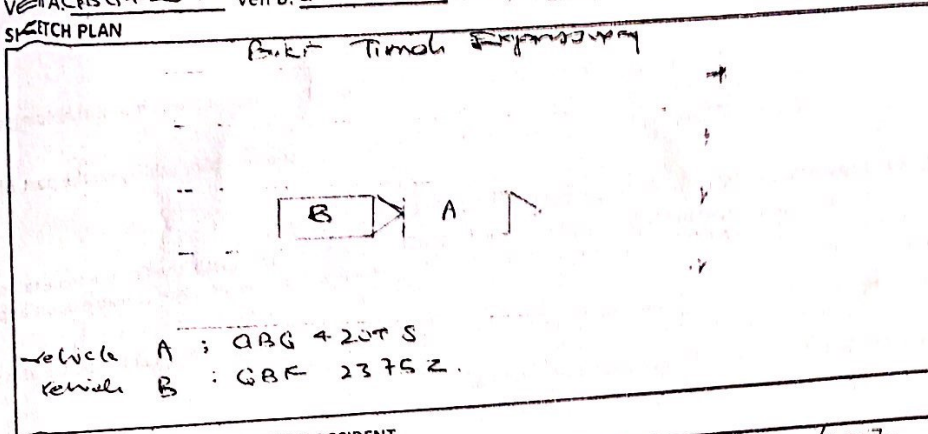
Address

Postcode

Sketch Plan Pg. 1

Date of accident: 08/10/2020 Time: 19:30 Location: Bukit Timah Expressway
 Vehicle A: GAG 420TS Vehicle B: GAE 2375Z No of pax: 5 Weather: Clear/dry Rain/Wet

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attended Police Report Number: T/20201007/2017

NORAZLIN BINTI YUSOF (FEMALE)
 NORAZLIN BINTI YUSOF (FEMALE)
 MUHAMMAD NAIL SHAH BIN MUHAMMAD NAZAKUDDIN SHAH (MALE)
 MUHAMMAD NAIL SHAH BIN MUHAMMAD NAZAKUDDIN SHAH (MALE)
 MUHAMMAD NAIL SHAH BIN MUHAMMAD NAZAKUDDIN SHAH (MALE)

☐ Claim OD/TP at Falcon-Air ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop : jeremykangcw@horizon-automotive.com (02211006)
 Email address :
 & myself
 Email address :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer 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:
 NRIC/IN No.:

