

ASS. REC. BY:

REF:

Smo/20011235/Ky

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.

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:

05

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

/

PKS

2.5-3.5k

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S - RS. SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.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	15/10/2020 15:59
Date Of Accident	15/10/2020 10:25
Exact Location Of Accident	BLK 801A KEAT HONG CLOSE LOADING /UNLOADING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2737T
Insured Policyholder	
Name Of Registered Owner	AH QI TRADING & CONSTRUCTION PTE LTD
Co Reg No	2XXXXX621K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83128312
Alternative Phone No	OFFICE-83128312

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NO
Policy Number	5107954437-01 (PREFERRED WS)
Cover Note Number	

### Driver

Name of Driver	AARONN ONG THIAM CHEN
NRIC No	SXXXX706E
Date Of Birth	13/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	18/06/2012
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83128312
Fax Number	
Contact Number	OTHERS-83128312
Email Address	NOEMAIL

Address BLK 801A KEAT HONG CLOSE #05-09  
Postcode 681801  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - FRIEND'S COMPANY  
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 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? 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) 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

REFER TO STATEMENT ATTACHED.

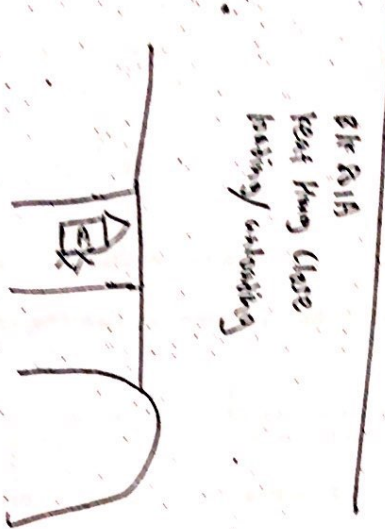
#### Attachment(s)

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 XB8366Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver LIM CHENG HWA  
NRIC/Passport Number SXXXX425E  
Contact Number 90095799  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

SKETCH PLAN



① 985 2777  
② XB 8766Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/10/2020 @ about 09:00am, I parked my vehicle at the loading/unloading of KLC SDA Left Hand Close. After which I leave for my house for awhile. At about 10:20am, I heard a very loud noise on the 1st level. I did not realise or know if someone hit into my vehicle. I left house at about 10:25 am to pick up my vehicle and I saw my neighbour came to me and told me that someone reverse and hit into my vehicle and he left. My neighbour even took a photo of the hit vehicle and send me. I then quickly go and see my vehicle damage. After which, I start my vehicle, went the nearby to search for the hit vehicle. I hear the loud loud noise from the surround and I follow the noise and I managed to get hold of found the same vehicle number which my neighbour took and send me. I then told the driver that he had hit into my vehicle he then exchange particular information and left.

DECLARATION

I hereby declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(or driver to send when policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/IN No.:

