

ASS. REC. BY:

REF:

TU / 200113541RS CS3/III20011354/Ksd3

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TPY WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

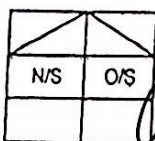
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

2.30pm

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 04 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: SLR 5195B Yr Regn: 08.17

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

Truck / Traller or

Make: Honda 1486Colour: M.D. Blue A/C: Insured / Std / NI / NASp. Reading: 64272 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHM RU 1830GX 202405Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD / V/Rlm or

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 4 mmR/Bal. 4 mmL/Bal. 4 mmL/Bal. 4 mmD.O.A. 17/10/20D.O.I. 20/10/2020

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

015 Rec

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1	PRS
	1.5-2.5k

Date/Time, File Pass to?

21/10/2020

1) TYPIST

Date/Time, File Return to?

2)

☐ : Prell. Report☒ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format: PRS

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

SLR5195B_171...

MSF 2000007: STA A SPECIFICATION LTD. SINGAPORE
 ENHANCED & NEW: 01-70300011111
 SUBMITTED BY: Wong Jia Hong

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report (LOCAL) the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as **truthful and accurate** as possible. Any false misrepresentation or withholding of material facts may allow insurance companies to repudiate policy benefits.
4. The issuer 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 LVA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and the copies of this report will for a fee be made available upon application by interested parties.
7. By the submission 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 elsewhere.

ACCIDENT STATEMENT	
Date Of Report	17/10/2020 13:51
Date Of Accident	17/10/2020 09:25
Exact Location Of Accident	BLK 159 ANG MO KIO AVENUE 4 OPEN SPACE CAR PARK
Country/State Of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR5195B
Insured/Policyholder	
Name Of Registered Owner	CHOO CHOON LOCK
NRIC No.	SXXXX716B
Email Address	CHOOCHOONLOCKS@GMAIL.COM
Mobile Phone No.	(LOCAL) +65 91798773
Alternative Phone No.	OFFICE 91798773
Vehicle Particulars	
Manufacturer	HONDA
Model	HRV 1.5 LX CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5118574230
Cover Note Number	
Driver	
Name of Driver	CHOO CHOON LOCK
NRIC No.	SXXXX716B
Date Of Birth	18/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1991
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65 91798773
Fax Number	
Contact Number	OFFICE 91798773
Email Address	CHOOCHOONLOCKS@GMAIL.COM

Page 1 of 14

Address BLK 105 #03-206 ANG MO KIO AVENUE 4
 SINGAPORE KEBUN BARU HEIGHTS
 Postcode 560105
 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

Weather Conditions

Road Surface

COLLISION CHANGE/CROSS LANE

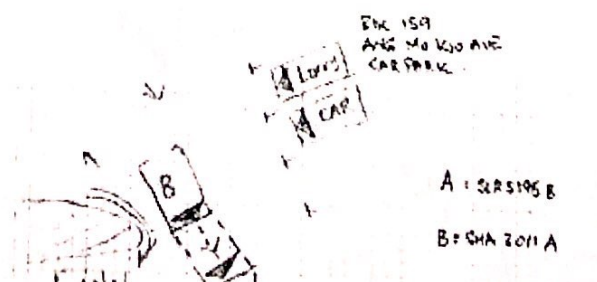
CLEAR

DRY

Page 4 of 4

Page 4 of 4

SWITCH PLAN



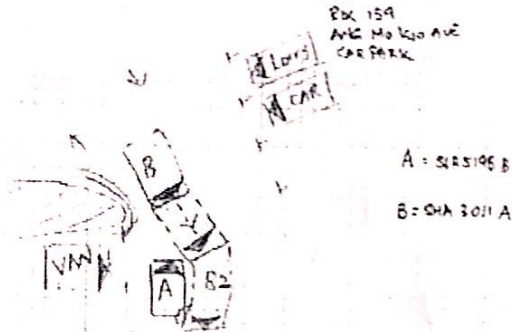
Vehicle Registration Number
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

REFER TO ATTACHED
 TAXI

Page 2 of 10

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving vehicle A heading to exit car park at BX 159 ANG MO KIO AVE

Suddenly vehicle B came from the different direction and very near to my lane

so, I stationary to give way, but vehicle B cut onto my lane and damages my rear

I have video footage to attach to claim kit.

DECLARATION

I/we declare the foregoing particulars are true in every respect.

Ched
 Accused's Signature
 Date & Time 17/10/2016

Driver's Signature
 (If driver is not the accused)
 Date & Time

Reporting Officer's Signature
 Name
 Date & Time

Page 2 of 10

Sketch Plan #2 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE