ASS. REC. BY: Kenneth

REF: IV / 20011354/ks

CS3/III20011354/Ksd3

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Excel

of 287

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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 / Trailer or

Make: Honda ~~Vezel~~ (A) HRV 1496

Colour M.D.Blue A/C: Insured / Std / Nl / NA

Sp.Reading 64272 T/Radio: Insured / Std / Nl / NA

Eng/No:

C/No: JHMRU 1830GX 202405

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim 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 mm	R/Bal.	4 mm
L/Bal.	4 mm	L/Bal.	4 mm
D.O.A.	17/10/20	D.O.I.	20/10/2020

Survey held at ✓

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or O/S Rec

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	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: -

Report Format : PRS

Lump Sum / I.B.I: (S)

Add Fee: ☐ : Site Insp (S) ☐ : Interview (S) ☐ Tech Invs (S) ☐ Weekend (S)

Survey Fee:

Transportation

S + RS SI

Fixtures

Others

TOTAL

SLR5195B_171...

[illegible]
[illegible]
SUBMITTED BY [illegible]

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 the 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	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	CHOOCHOONLOCK9@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91798773
Alternative Phone No	OFFICE-91798773
Vehicle Particulars	
Manufacturer	HONDA
Model	HRV 1.5LX 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	5138574230
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	CHOOCHOONLOCK9@GMAIL.COM

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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91798773
Fax Number	
Contact Number	OFFICE-91798773
EMail Address	CHOOCHOONLOCKS@GMAIL.COM

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	COLLISION - CHANGE/CROSS LANE
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?	
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 ATTACHED REMARKS TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

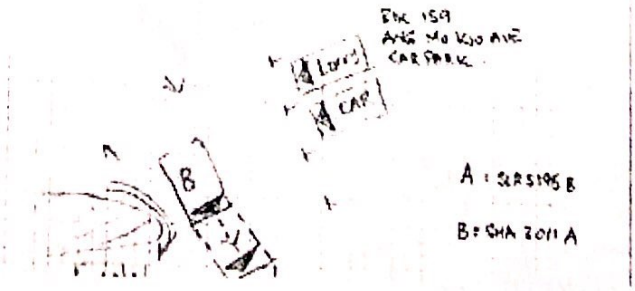
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons	VIDEO FOOTAGE WILL SEND TO NTUC
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA30*12
Vehicle Make Model/Colour	
Details Of Properties	REFER TO ATTACHED
Vehicle Category	TAXI
Name of Driver	
NRIC Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1



Vehicle Registration Number	SHA3011Z
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO ATTACHED
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving Vehicle A heading to exit
Carpark at BLK 159 ANG MO Kio AVE 4
suddenly Vehicle B came from the different
direction and very near to my lane
so, I stationery to give way, but Vehicle B
cut onto my lane and damages my rear
I have video footage to attach to Claim Lvs.

DECLARATION

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

Policyholder's Signature
Date & Time: 17/10/2010

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

Reporting Centre Personnel's Signature
Name
Date, Pick No.

Sketch Plan #2 Pg. 1

SKETCH PLAN

IMPORTANT NOTICE