

ASS. REC. BY:

REF:

CTV

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:

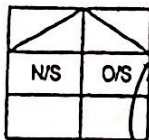
Excess:

(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:

days

Res.:

Yes or No

Lum Sum:

20 %

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STU 812

Yr Regn:

101 99

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

Truck / Trailer or

Make:

Toy Estima

c.c.

2362

Colour

M.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

202211

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ACR50

0098949

Gen. Condi: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size:

F:

R:

215/55R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

17/10/20

D.O.I.

21/10/2020

Survey held at

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

O/S Rear body &amp; u/c

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

Date / Time

Action / Instruction

1 EST not ready

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Report Format :

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

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

## 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 19/10/2020 14:27  
Date Of Accident 17/10/2020 18:00  
Exact Location Of Accident MAR THOMA ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU81L  
**Insured/Policyholder**  
Name Of Registered Owner NOELLE CHOONG POH YOKE  
NRIC No SXXXX323E  
Email Address KENHOJM@GMAIL.COM  
Mobile Phone No (LOCAL) +65-83219090  
Alternative Phone No OFFICE-83219090  
**Vehicle Particulars**  
Manufacturer TOYOTA  
Model ESTIMA AERAS 2.4  
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 PRIVATE CAR  
**Insurance Company**  
Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number DMPCSN30889419000  
Cover Note Number  
**Driver**  
Name of Driver HO JIAN MIN  
NRIC No SXXXX066B  
Date Of Birth 06/07/1980  
Occupation INDOOR  
Date Of Driving Pass 25/02/2000  
Driving Experience 20 YEARS AND 7 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-83219090  
Fax Number  
Contact Number  
Email Address KENHOJM@GMAIL.COM



Address

6 MAR THOMA RD #01-03 S(328688)

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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 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) 4

Passenger 1 NAME: : PASSENGER

GENDER: : FEMALE

Passenger 2 NAME: : PASSENGER

GENDER: : FEMALE

Passenger 3 NAME: : PASSENGER

GENDER: : FEMALE

### 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 attached 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 SJY5577U

Vehicle Make/Model/Colour

Details Of Properties

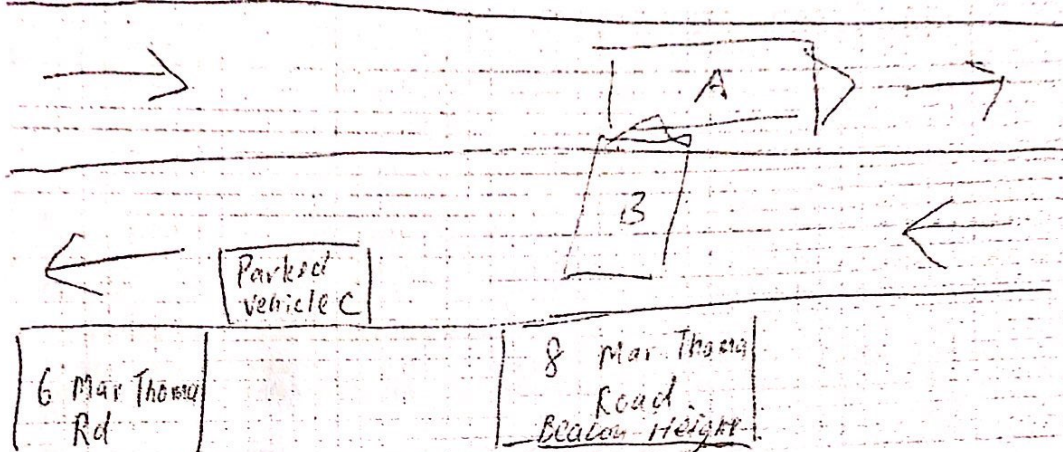
Vehicle Category PRIVATE CAR

Name of Driver LEE WEI MENG

NRIC/Passport Number SXXXX560J

Contact Number

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A

On the 17th of Oct 2020 at about 6pm. I was driving along Mar Thoma Road. Car B exiting from 8 Mar Thoma Road (Beacon Heights) hit my car rear right hand side. The driver apologized that he couldn't see my car coming as there was a parked vehicle obstructing his view. We exchanged particulars and he advised me to claim against his insurance.

## 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.: