

ACSR REC. BY:

REF:

CTZ 2001453/K4

Kennek

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. _____

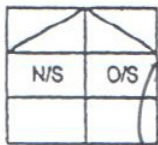
Sum Insured: _____

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: 07 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 04/29 Person Contacted: _____

Vehicle: IN / OUT

Veh No: STU 812Yr Regn: 101 09

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

Truck / Trailer or

Make: Toy Estabc.c. 2362Colour: M.P. White

A/C: Insured / Std / NI / NA

Sp. Reading: 202211

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ACR500098949Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: _____

R: 215/55R17

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

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 7 mmL/Bal. 6 mmL/Bal. 7 mmD.O.A. 17/10/20D.O.I. 21/10/2020

Survey held at _____

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

O/S Rear body & u/c

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

Date / Time

Action / Instruction

1 EST not ready6/11 6/11pm 24900 (Red 999275: 57%)

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: 7

1)

☐

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech Invs (\$ _____)

☐

Weekend (\$ _____)

S + RS, SI

Fees

Others

Report Format:

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

4900

TOTAL

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 KENHOJM@GMAIL.COM
Email Address

Address

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.

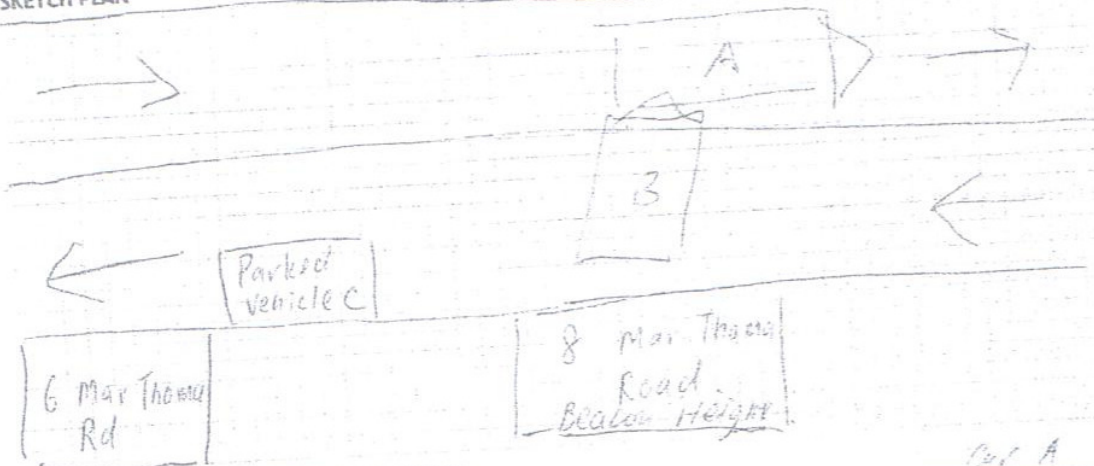
Attachment(s)

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

On the 17th of Oct 2020 at about 6pm. I was driving along Mar Thomas Road. Car B exiting from 8 Mar Thomas 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.: