

ASS. REC. BY:

REF:

MSG/

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:

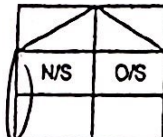
Excess:

(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:

06 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:

SCL 91195

Yr Regn:

03, 16

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

Truck / Trailer or

Make:

Renault Fluence c.c. 1461

Colour:

M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading

870.94

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF1L8LF0E54828303

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

205/55R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

27/10/20

D.O.I.

2/11/2020

Survey held at

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

N/S Rear body

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

Date / Time

Action / Instruction

1

Est not ready

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

Days Of Repair: 6

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S - P.S. SI

Fees

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: Merimen

Lump Sum H.B.H: (\$ 5750

## 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	28/10/2020 17:25
Date Of Accident	27/10/2020 22:00
Exact Location Of Accident	BLK 115 JURONG EAST STREET 13
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCL9119J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VOITURE LEASING PTE LTD
Co Reg No	2XXXXX569N
Email Address	LEONARD@COSMOAUTOMOBILES.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-87806490
<b>Vehicle Particulars</b>	
Manufacturer	RENAULT
Model	FLUENCE
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	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114592410
Cover Note Number	
<b>Driver</b>	
Name of Driver	DINESH KUMAR VEERASANAN
NRIC No	SXXXX793E
Date Of Birth	16/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2009
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87806490
Fax Number	
Contact Number	
Email Address	DINESH988@YAHOO.COM.SG



Address: BLK 180 YONG SHENG ROAD  
#17-20  
Postcode: 810120  
Was Driver an employee of the Insured's Company? NO  
If No, Relationship of the Driver with the Insured: OTHER - HIRER  
Vehicle Registration Number of Driver's Own Vehicle: -  
Insurance Company of Driver's Own Vehicle: -

#### General Information of the Accident

Type Of Accident: COLLISION - OPENING DOOR OF VEHICLE  
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? YES  
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): 2  
Passenger 1: NAME: DEXTER  
GENDER: MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station:  
Police Station Name: UBI AVE 3  
Police Station Address: ROAD, 10 UBI AVE 3, POSTCODE: 408865, COUNTRY: SINGAPORE  
Police Station Contact: TEL NO. - FAX NO.  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER ATTACHED POLICE REPORT

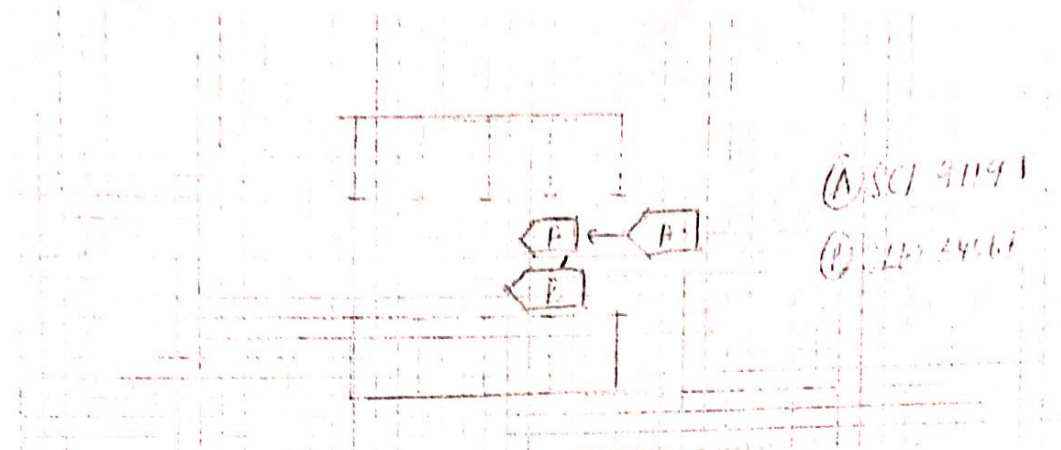
#### Attachment(s)

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: SLW3408E  
Vehicle Make/Model/Colour: HONDA VEZEL  
Details Of Properties: RIGHT REAR PASSENGER DOOR  
Vehicle Category: PRIVATE HIRE  
Name of Driver: ABHILASH S/O KUNCHIAN KRISHNAN  
NRIC/Passport Number:  
Contact Number: 97813975  
Address:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer attached police report

### 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: 4:45pm & 28/10/2020

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