ASS. REC. BY: Kenneth

REF: FOI / 2001208516

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hor

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 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: SJR 5609F Yr Regn: 06, 09

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Merc (A) C180K c.c 1597

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 202991 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2040452A 271870

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/50R17

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	31/10/20	D.O.I.	3/5/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
/	Est not ready

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Report Format : _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech Invs ($ _____)

☐ : Weekend ($ _____)

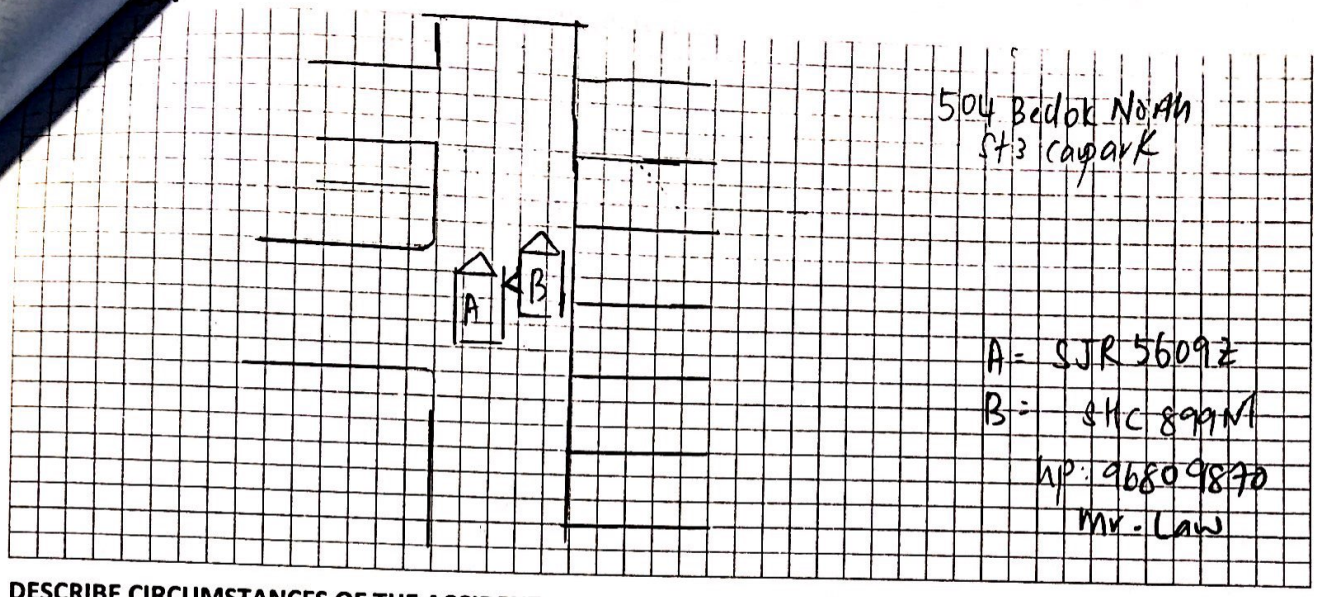
Survey Fee:	
Transportation: $ + RS ___ SI	
Parts	
Others	
TOTAL	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please answer 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 issuance or 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 the 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 accordingly.

ACCIDENT STATEMENT	
Date Of Report	31/10/2020 12:53
Date Of Accident	31/10/2020 02:15
Exact Location Of Accident	OPEN CARPARK NEAR BLK 504 BEDOK NORTH ST 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR5609Z
Insured/Policyholder	
Name Of Registered Owner	K PREMANATHAN PILLAI
NRIC No	SXXXX001E
Email Address	PREMANATHAN01@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86063701
Alternative Phone No	OTHERS-86063701
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180K
Exact Purpose for which vehicle was being used at time of accident	PVT HIRE 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	5111730516-01
Cover Note Number	7/8/20-6/8/21
Driver	
Name of Driver	K PREMANATHAN PILLAI
NRIC No	SXXXX001E
Date Of Birth	01/03/1989
Occupation	INDOOR
Date Of Driving Pass	05/03/2009
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86063701
Fax Number	
Contact Number	OTHERS-86063701
EMail Address	PREMANATHAN01@GMAIL.COM



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the open c/park near Blk 504 Bedok North St 3, passenger of m/taxi (B) opened the left rear door without looking out for vehicles and hit onto my vehicle right side.

Taxi driver had proposed to settle my repairs privately.
No injuries on anyone at that time.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

31/10/20

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Freda. (CYS) NRIC/FIN No.:

GIARMC SketchPlanForm_V3 ( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only

( ) Claim OD/TP at other workshop ( )