

A.S.S. REC. BY:

REF:

MSG / 20012506/KJ

ASSIGNMENT

From:

Date:

17-11-2020

Estimated Cost:

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

To Inspect Vehicle No:

SGD 6525J

at Workshop m/s

Bifrost

of BIK 176 sin ming Drive 1103-09

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

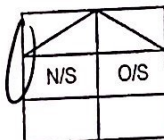
(Client's Record)

Make of Veh:

Astr 10 a.m

(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:

04

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

mp

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SGD 6525J

Yr Regn:

05, 12

Type:

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

Truck / Trailer or

Make:

S/Kous

Superb

c.c

1984

Colour

M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading

124577

T/Radio: Insured / Std / NI / NA

Eng/No:

TMBB1493TIC9010468

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / 8/Rim / STD / 15M or

Tyre Size:

F:

225/40ZR18

R:

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

TOYO / YOKO or

12/11/20

Front

Rear

R/Bal.

P

mm

R/Bal.

Z

mm

L/Bal.

P

mm

L/Bal.

F

mm

D.O.A.

9/11/20

D.O.I.

17/11/20

Survey held at

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

N/S 15M body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Rep. Format:

Lump Sum / B.B. (C)

Not withakw
11 Pp &
Penny After Pimp
Gday

4 days

INSURANCE: MSIG

VEHICLE NO.: SGD 6525 J

[illegible]

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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	09/11/2020 16:15
Date Of Accident	09/11/2020 10:20
Exact Location Of Accident	ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD6525J
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Insured/Policyholder

Name Of Registered Owner	ONG CHUN TECK
NRIC No	SXXXX180E
Email Address	CHUNTECK@AYLMERONG.COM
Mobile Phone No	(LOCAL) +65-98469988
Alternative Phone No	OTHERS-97477305

Vehicle Particulars

Manufacturer	SKODA
Model	SUPERB ELEGANCE 2.0 A/T ABS HID
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 CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00804306
Cover Note Number	11/05/2020 TO 10/05/2021

Driver

Name of Driver	LEE WENG SHEE
NRIC No	SXXXX104F
Date Of Birth	01/12/1971
Occupation	INDOOR
Date Of Driving Pass	25/02/1993
Driving Experience	27 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97477305
Fax Number	
Contact Number	OTHERS-98469988
Email Address	WSLEE.MAVIS@GMAIL.COM

Address BLK 521 ANG MO KIO AVE 5 #23-4214
Postcode 560521
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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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) 0

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH POLICE REPORT NO. T/20201109/7027 DD. 09/11/2020

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

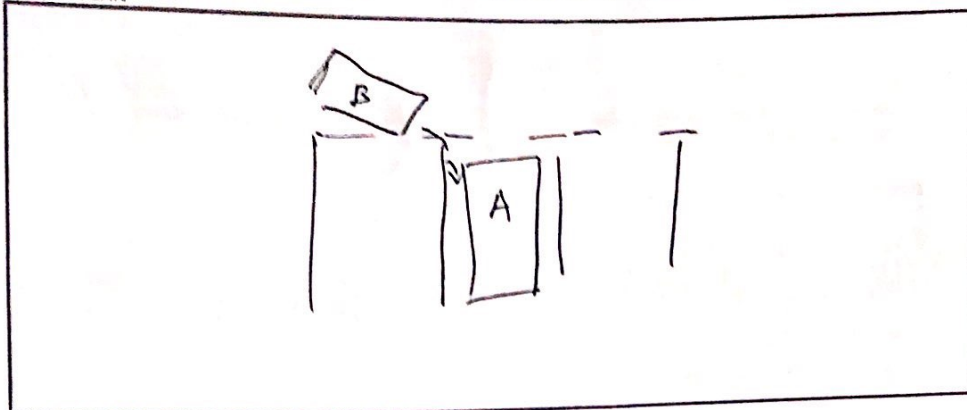
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLZ6314H
Vehicle Make/Model/Colour should be SLZ5314H
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

Sketch Plan Pg. 2

Date of accident: 09/NOV/20 Time: 1022 Location: ALEXANDRA KEA
 My Vehicle A: S4D6525J Vehicle B: S12 5314 H Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

No: T/20201109/2027

dd: 9/11/2020

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Vehicle: S4D 6525J

Policyholder's Signature

Date & Time: 09/11/2020/1600h

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 9/11/2020

