

ASS. REQ. BY:

REF:

AGZ / 20012576 / KV

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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:

GBD 9587W Yr Regn: 08, 15

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

Truck / Trailer or

2953

Make:

NIS Cabstar

C.C.

3153

Colour:

Silver

A/C:

Insured / Std / NI / NA

Sp. Reading

169070

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JN/PC2F248 G8857350

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 165/75R15

R: Condor 165R15X8(10)

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

10/11/20

D.O.I.

17/11/2020

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

1/ 24 NOT ready

30/11/20 Kenneth confirmed LS \$3550 (Red 16,929.84, 82%)

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 30/11/20-Typist

Days Of Repair: 5

Resurvey No. of Trlp:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ - RS. \$

Fees:

Others

TOTAL

Report Format: TP

Lump Sum / L.B.F. (\$ 3550)

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 10/11/2020 14:19
Date Of Accident 10/11/2020 14:00
Exact Location Of Accident PIE TWDS PAYA LEBAR
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD9587U
Insured/Policyholder
Name Of Registered Owner JGJ ENGINEERING PTE LTD
Co Reg No 2XXXXX521W
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-62536682
Vehicle Particulars
Manufacturer NISSAN
Model CABSTAR
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 COMMERCIAL VEHICLE
Insurance Company
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5118282488 (COMP)
Cover Note Number
Driver
Name of Driver LAU KANG CHAI
NRIC No GXXXX565W
Date Of Birth 08/11/1979
Occupation OUTDOOR
Date Of Driving Pass 31/05/2001
Driving Experience 19 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91766882 ✓
Fax Number
Contact Number

Address

60 MANDAI ESTATE #10-12

Postcode

729938

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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)

2

Passenger 1

NAME: : FRIEND

GENDER: : MALE

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

MY VEHICLE WAS STATIONARY AT THE SLIP ROAD FROM PIE LEADING TO PAYA LEBAR, GIVING WAY TO APPROACHING TRAFFIC. SUDDENLY VEHICLE B CAME FROM BEHIND AND COLLIDED INTO THE REAR OF MY STATIONARY VEHICLE.

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

SGR4074H

Vehicle Make/Model/Colour

TOYOTA ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PAN QI

NRIC/Passport Number

SXXXX913D

Contact Number

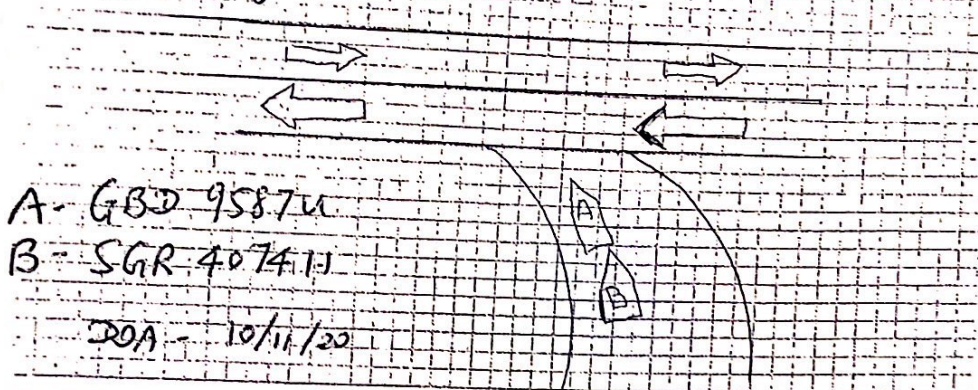
94701859

Address

Postcode

SKETCH PLAN

Pay a Leber



A-GBD 9587u

B - SGR 407411

DOA - 10/11/20

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

DECLARATION

I/We declare the foregoing particulars are true in every respect. 10 Nov 1962



Policyholder's Signature: _____
Date & Time: _____ P.T.E. LTD.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

