

ASS. REC. BY:

GIL.
PRS

REF:

ATG CTI

+

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

Soon Lee Choon

of

Insured:

Policy No.

Claims No.

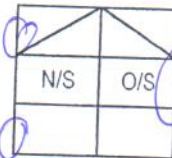
Sum Insured:

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:

\$37K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SME874P

Yr Regn:

20 Apr 2010

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

Truck / Trailer or

Make:

KIA cerato

Fort 1.6

Colour:

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

132785

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KNAFU 411MA 5228427

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

195/60R15

R:

11

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.

D.O.I.

14-12-20

Survey held at

w/s

1130

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

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

Date / Time

Action / Instruction

COB: \$32387

No Body injured.

\$2000 - \$4000

SUBMIT PRS REPORT

Date/Time, File Pass to?



: Preli. Report

1)

Date/Time, File Return to?



: Final Report

2)

Days Of Repair:

5

Resurvey No. of Trip:

2

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$



: Mech. Insp (\$

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Report Format:

Lump Sum / Hourly

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 Submission 08/12/2020 16:27 (SGT)
Date of Accident 07/12/2020 12:30 (SGT)
Exact Location of Accident 5030 Ang Mo Kio Ind Park 2, Singapore 569533
Additional Location Information
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME874P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HIPAC MOTOR TRADING
Company Reg No 5XXXX931L
Email Address KSCGP8@GMAIL.COM
Mobile Phone No (Phone) +65-94556160
Alternative Phone No (Office) +65-94556160

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5066849577-06 (TP)
Cover Note Number -

DRIVER

Name of Driver CHIN KOK LOONG
NRIC No SXXXX921E
Date Of Birth 15/05/1973
Occupation Indoor

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN362K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

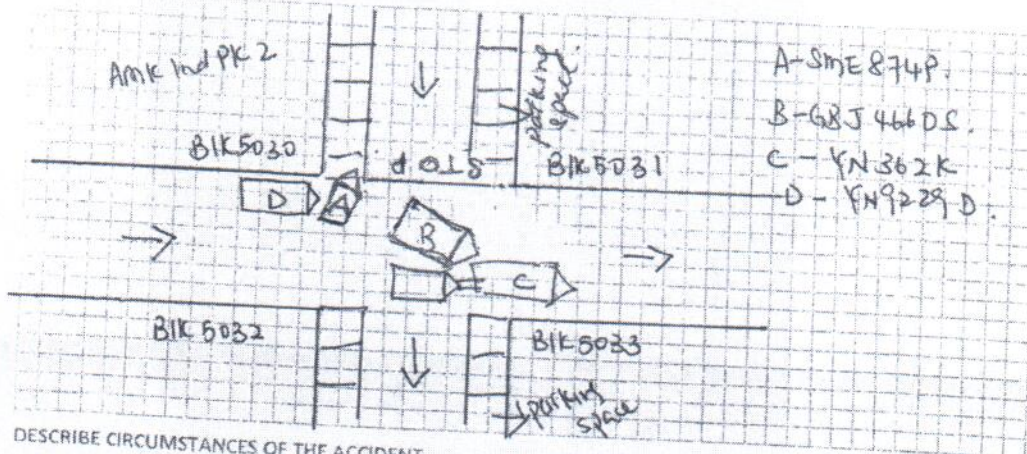
Vehicle Registration Number YN9229D
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name CHIN KOK LOONG
Phone (Phone) +65-96868855
Email -

SKETCH PLAN



- A-SME 874P.
- B-G8J 466DS.
- C-YN362K
- D-YN9228D.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A, SME 874P was in our workshop for bodywork. Vehicle was parked near to BLK 5030 as we were deploying other vehicles for repair work. Vehicle B coming in between BLK 5030 and BLK 5031 honked @ vehicle C, YN362K, a tow truck with vehicle SGN 756SP on tow. Vehicle B did not stop and give way as required and collided on to YN362K. Vehicle B then engaged reverse gear and my colleague, Chin Kok Loong, S7369P21E, saw it. He then shouted at vehicle B to stop but it was too late. Vehicle B, G8J 466DS reversed and hit onto our client vehicle SME 874P, pushing it onto the side curb and hit onto vehicle D, YN9228D which is also our customer's vehicle. We are lodging this report to claim against vehicle B, G8J 466DS.

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)

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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