

ASS. REC. BY:

REF:

AG2/20014087/Kt

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD ☒ TP/WS/TP RES/OD RES/EVA/INV/MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Thian Heng Hwy

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

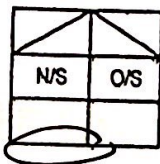
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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: SL 8 87331 Yr Regn: 071 18

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

Truck / Trailer or WeaponMake: Toy Volvo c.c. 2493Colour: Black A/C: Insured / Std / NI / NASp. Reading: 312485 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: AG1130 0033829Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: PrR: TOYO 235/50R18

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

TOYO / YOKO orFront 7 mm Rear 6 mmR/Bal. 7 mm L/Bal. 6 mmD.O.A. 15/12/20 D.O.I. 18/12/2020

Survey held at \_\_\_\_\_

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

281 not ready

LUMP SUM \$5700, 5DAYS (RED: 14098.75;71%)

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5Resurvey No. of Trip: 2

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

TOTAL

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$

## 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              | 16/12/2020 17:37 (SGT)              |
| Date of Accident                | 15/12/2020 16:35 (SGT)              |
| Exact Location of Accident      | Tanglin Rd, Singapore               |
| Additional Location Information | TANGLIN ROAD/ROCHALIE DR T-JUNCTION |
| Country/State of Loss           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLZ8733L |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | Yes                    |
| Name Of Registered Owner | ERIC LIMOUSINE SERVICE |
| Company Reg No           | 5XXXX837L              |
| Email Address            | bryanyhw@gmail.com     |
| Mobile Phone No          | (Phone) +65-87793048   |
| Alternative Phone No     | +65-87793048           |

#### VEHICLE PARTICULARS

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

#### INSURANCE COMPANY

|                           |               |
|---------------------------|---------------|
| Name of Insurance Company | NTUC          |
| Type of Coverage          | Comprehensive |
| Fleet Policy              | Yes           |
| Policy Number             | 5098977242-02 |
| Cover Note Number         | -             |

#### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | WONG YONG HWA |
| NRIC No        | SXXXX339Z     |
| Date Of Birth  | 06/02/1980    |
| Occupation     | Outdoor       |



|                                                              |                                        |
|--------------------------------------------------------------|----------------------------------------|
| Date Of Driving Pass                                         | 19/11/2007                             |
| Driving experience                                           | 13 YEARS AND 1 MONTH                   |
| Gender                                                       | Male                                   |
| Mobile Number                                                | (Phone) +65-87793048                   |
| Alt. Phone Number                                            | -                                      |
| Email Address                                                | bryanyhw@gmail.com                     |
| Address                                                      | BLK 423 BUKIT BATOK WEST AVE 2 #04-135 |
| Address complement                                           | -                                      |
| Postcode                                                     | 650423                                 |
| Is the driver the policyholder?                              | No                                     |
| If No, Relationship of the Driver with the Insured           | Hirer                                  |
| Does Driver Own Other Vehicles?                              | No                                     |
| Vehicle Registration Number of Other Vehicle Owned by Driver | -                                      |
| Insurance Company of Other Vehicle Owned by Driver           | -                                      |

#### GENERAL INFORMATION OF THE ACCIDENT

|                    |                          |
|--------------------|--------------------------|
| Type of Accident   | Collision - Head to Rear |
| Weather Conditions | Raining                  |
| Road Surface       | Wet                      |

#### OTHER INFORMATION

|                                                                                                     |     |
|-----------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident?                                                   | No  |
| Number of vehicles involved in the accident                                                         | 2   |
| Was anybody injured in the Accident?                                                                | Yes |
| Was any injured conveyed to hospital by ambulance?                                                  | No  |
| Was any other material or property damaged?                                                         | Yes |
| Number of Passengers (Including Driver)                                                             | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |                |
|--------|----------------|
| Name   | GRAB PASSENGER |
| Gender | Male           |

#### DETAILS OF POLICE ACTION

|                                           |                                        |
|-------------------------------------------|----------------------------------------|
| Was the accident reported to the police?  | Yes                                    |
| Police Station Name                       | Rochor Neighbourhood Police Centre     |
| Police Station Phone No                   | (Phone) +65-18002949999                |
| Alt. Police Station Phone No              | (Fax) +65-63918583                     |
| Police Station Address                    | 11 Kampong Kapur Road Singapore 208678 |
| Was notice of intended Prosecution given? | No                                     |
| If yes, against whom?                     | -                                      |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN.

#### 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 | SLJ1032G |
| Vehicle Manufacturer        | -        |
| Vehicle Model               | -        |
| Vehicle Variant             | -        |