

ASS. REC. BY:

REF:

MSG / 20014734/kqd3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No. 1001490047

Claims No. 251469

Sum Insured:

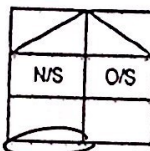
Excess:

(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:

02

days

Res.:

Yes or No

Lum Sum:

1-B1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

/

EST NOT ready

15/01/21 Informed Jowyn Tay, we are pending for estimate from repairer.

26/01/21 @ 12.16pm revised to Jowyn Tay via Merimen.

Kenneth confirmed final fig \$2627.50, 2 days (Red \$150, 5%)

(No Lump Sum)

Date/Time, File Pass to?

☐

: Prell. Report

26/01 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. SI

F. m. s

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: MER-TP

Lump Sum / I.B.I: (\$ 2627.50

(Draft)

g Pass	15/06/2004
erience	16 YEARS AND 6 MONTHS
Number	Female
Phone Number	(Phone) +65-94558665
mail Address	-
Address	wanli.chng@gmail.com
Address complement	1 Riviera Drive
Postcode	-
Is the driver the policyholder?	467196
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Spouse
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

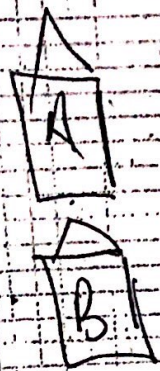
Please refer to the sketch plan.

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	SMQ153Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	James
Contact Number	(Phone) +65-94885466
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-



A - SKL
5577E

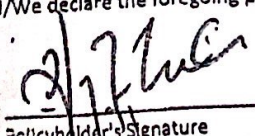
B - SMQ
1532

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

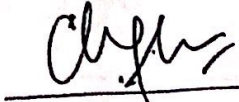
Marine Parade Road
I was driving along ~~East Coast Road~~ Road and turned
right into 'Joo Chiat' Road. A truck (two cars in front)
was trying to turn right into Church of Singapore, so
cars behind had to stop, including mine. SMQ 1532
did not stop in time and knocked into my vehicle.

DECLARATION

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


Policyholder's Signature

Date & Time: 30 DEC 2020


Driver's Signature

(If driver is not the policyholder)

Date & Time: 30 DEC 2020



Reporting Centre Personnel's Signature

Name: Jenny Lim

NRIC/FIN No.: