

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Lim Yew Bee

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.

N/S	O/S

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: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBH 8344 Yr Regn: 10, 18

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

Truck / Trailer or

Make: Toy 1-litre c.c. 2802Colour: Silver AC: Insured / Std / NI / NASp. Reading: 43338 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JT1-H 702P 500245503Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: M11 / S/Rlm / STD A/Rlm orTyre Size: F: 195R15X8

R: _____

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 7 mmL/Bal. 9 mm L/Bal. 7 mmD.O.A. 5/1/21 D.O.I. 25/1/2021

Survey held at _____

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

R/O/S

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

Date / Time _____ Action / Instruction _____

Est not ready

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

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

S - RS. SI

Fees

Others

TOTAL

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	05/01/2021 17:37 (SGT)
Date of Accident	05/01/2021 14:25 (SGT)
Exact Location of Accident	Hougang Ave 8, Singapore
Additional Location Information	AT BLK 682A HOUGANG AVE 8 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8324Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NATUZI TRADING PTE LTD
Company Reg No	2XXXXX925G
Email Address	SALES@NATUZI.COM.SG
Mobile Phone No	(Phone) +65-91125885
Alternative Phone No	+65-91125885

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5104590842-02
Cover Note Number	-

DRIVER

Name of Driver	YEO SONG CHIU ADRIAN
NRIC No	SXXXX522D
Date Of Birth	10/10/1977
Occupation	Outdoor

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

13/01/2010
 11 YEARS
 Male
 (Phone) +65-91125885
 -
 SALES@NATUZI.COM.SG
 BLK 187 BISHAN ST 13
 #07-465
 570187
 No
 Employee
 No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Side Swipe
 Clear
 Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the Accident?
 Was any injured conveyed to hospital by ambulance?
 Was any other material or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No
 2
 No
 -
 Yes
 1
 No

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Was notice of intended Prosecution given?
 If yes, against whom?

No
 No
 -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?
 Was there any audio recorded?

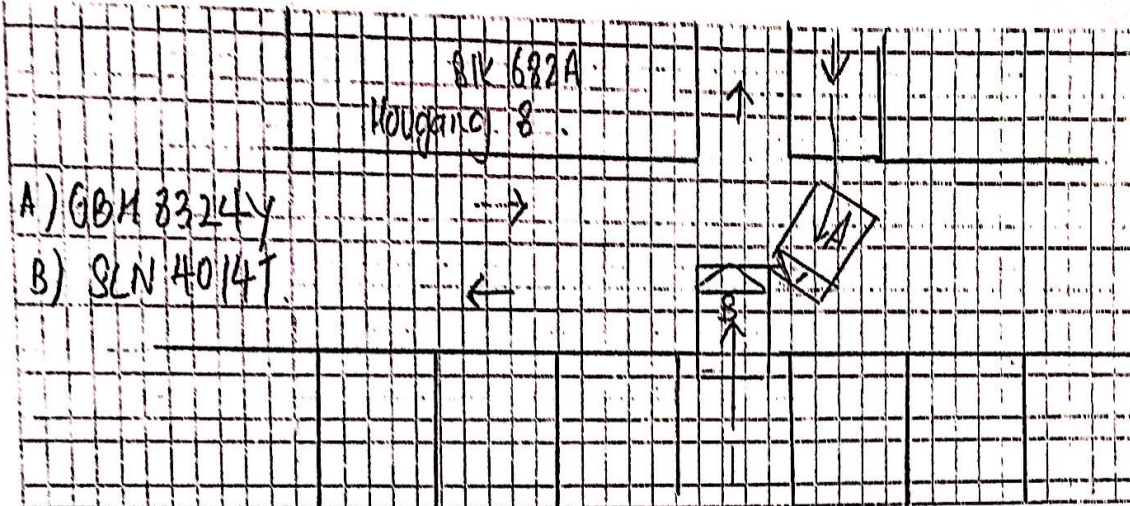
Yes
 No
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant
 Vehicle Colour
 Vehicle Category
 Name of Driver
 Contact Number
 Address
 Address complement
 Postcode
 Insurance Company Name

SLN4014T
 -
 -
 -
 -
 Commercial vehicle
 LOH NGIN HAN JOSEPH
 -
 -
 -
 -
 -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After entering into carpark of BLK 682A Hougang Ave 8 I began to stop behind truck. After the truck moved to left carpark I proceed to move to right carpark after cleared my front traffic. Suddenly Van B moved out from parking lot hit onto my right front of my vehicle A. That's all.

DECLARATION

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



Policyholder's Signature
Date & Time:

Signature of Policyholder

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

Signature of Driver

Signature of Reporting Centre Personnel

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

