ASS. REC. BY:

REF: AG1/ 21000638/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 Massive

of _____

Insured: _____

Policy No. _____

Claims No. C10008684/CH

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 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: SNJ8P85Z Yr Regn: 03/19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Wagon

Make: Honda GA Shuttle c.c 1696

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 101341 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GP7 - 2004132

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/60R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Turado

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	12/1/21	D.O.I.	18/1/2021

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
/	CS not ready
	Kenneth confirmed LS $3950, 5 days (Red $2935.08, 43%)

Date/Time, File Pass to?

1) 27/01 Typist

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Survey Fee: _____

Transportation: _____ $ - RS. _____ SI

Fuel: _____

Others _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format : TP

Lump Sum ~~I.B.I~~: ($ 3950)

SS1Q211C0003 / SU Brothers Motor Workshop
ENTRY DATE & TIME: 13/01/2021 10:01 (SGT)
SUBMITTED BY: Su Kia Wee
VERSION: 1 (13/01/2021 10:01 (SGT))

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 witholding 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	13/01/2021 10:01 (SGT)
Date of Accident	12/01/2021 09:00 (SGT)
Exact Location of Accident	Punggol Rd, Singapore
Additional Location Information	PUNGGOL ROAD TOWARDS TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8985Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW HAI MENG
NRIC No	SXXXX293B
Email Address	mikelow1343@gmail.com
Mobile Phone No	(Phone) +65-91149222
Alternative Phone No	+65-91149222

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	No
Policy Number	5108430355-01
Cover Note Number	5108403055-01

DRIVER

Name of Driver	LOW HAI MENG
NRIC No	SXXXX293B
Date Of Birth	30/01/1969
Occupation	Outdoor

Date Of Driving Pass	27/02/1996
Driving experience	24 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91149222
Alt. Phone Number	+65-91149222
Email Address	mikelow1343@gmail.com
Address	APT BLK 113 RIVERVALE WALK
Address complement	#13-43
Postcode	540113
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Clear
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

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

ON 12/02/2021@ARD 0900 HRS.I WAS TRAVELLING ALONG PUNGGOL RD TOWARDS TPE WITH TWO PASSENGERS ON BOARD. IT WAS HEAVY TRAFFIC THUS I WAS DRVING AT A VERY SLOW SPEED. SUDDENLY , I FELT AN STRONG IMPACT FROM THE REAR OF MY VEHICLE. I GOT OUT OF MY VEHICLE AND REALISED THAT VEH B (SFM8898J) HAD COLLIDED INTO MY VEHICLE REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

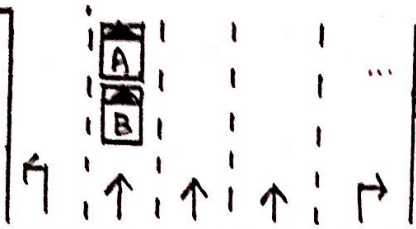
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFM8898J

SKETCH PLAN

Punggol Field

Veh A: SMJ8985Z
Veh B: SFM8898J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/01/2021 @ ard 0900hrs, I was travelling along Punggol rd towards TPE with two passengers on board. It was heavy traffic thus I was driving at a very slow speed. Suddenly, I felt an strong impact from the rear of my vehicle. I got out of my vehicle and realised that veh B (SFM8898J) had collided into my vehicle rear portion.

☐ Claim OD/TP at Su Brothers ☑ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:
My workshop :
Email address :
Mr myself :
Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Scanned with CamScanner