ASS. REC. BY: Kenneth

REF: MSG/21001347/KT

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Hong Yap Seng

of _____

Insured: _____ 479

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

3pm

(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 Soon: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBH6724P Yr Regn: 08, 18

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

Make: Toy Hiace c.c 2982

Colour Silver A/C: Insured / Std / NI / NA

Sp.Reading 92442 T/Radio: Insured / Std / NI / NA

Eng/No: F

C/No: JTHT02P300244611

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Mk I S/Rim / STD A/Rim or _____

Tyre Size: F: 195R15XB

R: _____

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

Front		Rear	
R/Bal.	8 mm	R/Bal.	8 mm
L/Bal.	8 mm	L/Bal.	8 mm

D.O.A. 25/1/21 D.O.I. 29/1/2021

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
/	Est not ready

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee:

Transportation: $ _____ - RS _____ SI

Parking

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 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	26/01/2021 17:00 (SGT)
Date of Accident	25/01/2021 15:45 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	ALONG TPE SLIP ROAD TOWARDS PUNGGOL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6724P

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RITZDEGREE ENGINEERING PTE. LTD.
Company Reg No	2XXXXX479K
Email Address	ritzdegreeengineering@gmail.com
Mobile Phone No	(Phone) +65-96815119
Alternative Phone No	(Office) +65-96815119

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	5103149234-02
Cover Note Number	-

DRIVER

Name of Driver	LIM SIONG POH (LIN XIANGBAO)
NRIC No	SXXXX605G
Date Of Birth	21/02/1975
Occupation	Outdoor

Driving Experience	17/07/1995
Gender	25 YEARS AND 6 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-9681 5119
Email Address	-
Address	nicolegreenengineering@gmail.com
Address complement	APT BLOCK 452 ANG MO KIO AVENUE 10 #03-1069
Postcode	-
Is the driver the policyholder?	560452
If No, Relationship of the Driver with the Insured	No
Does Driver Own Other Vehicles?	Other
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	Collison - Heads 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)	2
Has the driver been approached by unknown persons soliciting/offering accident claims assistance?	No

PASSENGER -

Name	LIM SONG PUN
Gender	Male

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

REFER TO ATTACHED - REMARKS : TYPE OF ACCIDENT PLEASE REFER TO ATTACHED

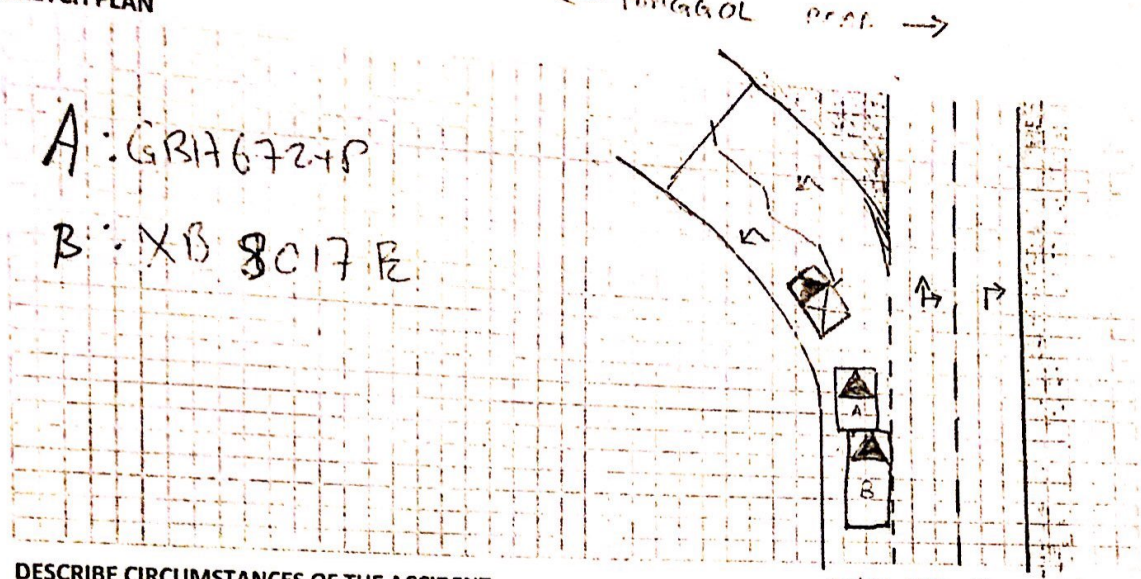
ATTACHMENTS

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	XX8XXXE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Commercial vehicle
Vehicle Category	LEE GER CHAN
Name of Driver	S XXXXX83B
NRIC No	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FROM TPE (EXIT 9)

I WAS DRIVING AT TPE EXPRESSWAY AND TURNING OUT TO PUNGGOL RD. I STOPPED THE VEHICLE BEFORE TURNING OUT TO PUNGGOL RD AND THE LORRY CAME FROM BEHIND AND BANGED INTO MY REAR SIDE OF THE VEHICLE.

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:

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