

GRB

ASS. REC. BY: TanjithREF: CS3/21001548/Tig 53

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. D21MFL0000447Claims No. MFL2021D0000579

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: \$57K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 6 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLF4507E Yr Regn: 2016, AugType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Vezel c.c. 1496Colour: Red A/C: Insured / Std / NI / NASp. Reading: 95069 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: R411205518

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 215/60R16R: 215/60R16

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. _____ D.O.I. 3/2/21Survey held at Manwell dt

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
	<u>Repair Range: \$7K-\$8K, 8 days.</u>
	Submit PRS.
	PRS+PAPER SURVEY
09/03/21	Submit LS \$5700, 6 days (Red \$1700, 23%)

Date/Time, File Pass to?

☐ : Preli. Report

1) 09/03 Typist

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: MER-TP

Lump Sum / L.B.C. (\$) _____

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

____ S + RS ____ SI

Photos

Others

TOTAL

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	30/01/2021 14:55 (SGT)
Date of Accident	30/01/2021 10:40 (SGT)
Exact Location of Accident	Near 33 Jln Afifi, Singapore 409180
Additional Location Information	PIE EXITING TO PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4507E ✓
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH YEW BENG
NRIC No	SXXXX229F
Email Address	IVAN2169@GMAIL.COM
Mobile Phone No	(Phone) +65-97366541
Alternative Phone No	(Home) +65-97366541

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	Direct Asia
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00843995
Cover Note Number	-

DRIVER

Name of Driver	KOH YEW BENG
NRIC No	SXXXX229F
Date Of Birth	13/04/1955
Occupation	Indoor

Date Of Driving Pass	21/11/1987
Driving experience	33 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97366541
Alt. Phone Number	(Home) +65-97366541
Email Address	IVAN2169@GMAIL.COM
Address	BLK 314 TAMPINES STREET 33 #11-32
Address complement	-
Postcode	520314
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

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	SLH7291X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

KOH YEW BENG
-
-
-
-
-
SLF4507E
Yes
No

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IMPORTANT NOTICE

- [illegible]

Any Libco reporting may be referred to the Police for investigation.

- Any false reporting may be referred to the Police for investigation.

Consent under the Personal Data Protection Act (PDPA)

[illegible]

14. **PROFESSOR OF THE UNIVERSITY OF** *University of*

RESEARCH PURPOSE

1. Purpose - The purpose of this document is to provide a clear and concise summary of the project's objectives, scope, and deliverables. It serves as a reference point for all stakeholders involved in the project.

[Signature]

Sketch Plan

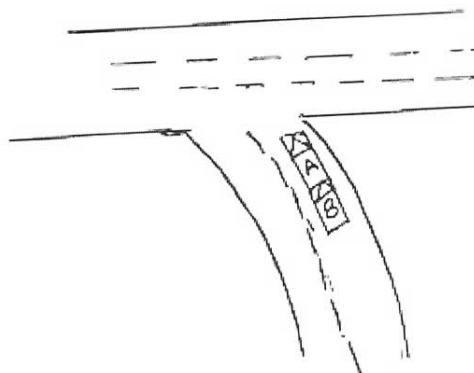
PIE EXIT TO
PHYBILIBRE RD

[illegible]

1900

A - SLF4507E

B-SLH1091X



Describe Circumstances of the Accident

On the stated time and date,

my vehicle A bearing SE1 456789 WAS stationary while

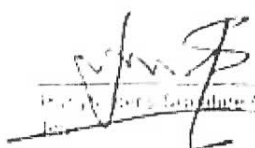
waiting to exit into paya lewin road, when suddenly

I felt an impact from my rear and realised vehicle B

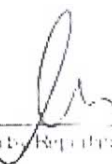
bearing SE1 456789 had collided with my rear.

Declaration

I hereby declare that the foregoing particulars are true and correct to the best of my knowledge.


 I hereby declare that the foregoing particulars are true and correct to the best of my knowledge.
 Date & Time

Witnessed by Reporting Officer / Date & Time


 Witnessed by Reporting Officer / Date & Time