ASS. REC. BY: Kenneth

REF: SMU / 20011737 / Kt

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Team Auto

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

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: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBK 2901E Yr Regn: 03, 20

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

Make: NIS NV200 c.c 1597

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

Sp.Reading 25216 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VM20 . 141252

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: 165/80R14

R: _____

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	9 mm
L/Bal.	5 mm	L/Bal.	9 mm
D.O.A.	27/10/20	D.O.I.	28/10/2020

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
/	PRS no EH
	& 3-5k
	submit lump sum 5150,5days (red:1950;27%)
	mv: 63,000(Est) indicate in report
	check with kenneth, lta; 11,489(Est)
	5 days cos rear panel NV: 51,511.00

Date/Time, File Pass to? 1) _____

Date/Time, File Return to? 2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ : Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Expenses _____

Others _____

TOTAL _____

Email: [illegible]
Tel no: [illegible] Fax no: [illegible]

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27/10/20 (dd/mm/yy) Time of Accident: 19:38 (24-HR FORMAT)

Vehicle No.: SBX2BKE Vehicle Make & Model: Nissan ☒ NV200

Exact location of Accident: STILL ROAD TOWARDS ECP

Policyholder's Name / IC No.: SECURED DELIVERY

Driver's Name / IC No.: TAN ZHI XIANG, ADRIAN S9318328E (As Above) ☐

Driver's Contact No.: 88884322 Company Contact No.:

Driver's Address: 312C CHUA CHU KANG AVE 7 #07-331 (688312)

Insurance Company: NTUC INCOME ☒ Email address (if any): ADRIANTAN99@HOTMAIL.COM

Relationship between Owner & Driver: Owner ☒ or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☑ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Injured Persons)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☑ Work purpose

Occupation (nature of job) ☐ Indoor / ☑ Outdoor

No. of Passengers (including Driver): 1

Passenger Name: Gender:

Passenger Name: Gender:

Weather condition & Road conditions? (On the day of accident)

☑ Clear & Dry / ☐ Raining & Wet / ☐ After Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☑ Yes / ☐ No

Any Injuries: ☑ Yes / ☐ No (If YES) Injured Person' Name: RIDER

Injuries Sustain: Injured Person in Which Vehicle: FBA8888J

Police Report filed: ☑ Yes / ☐ No (If YES) Which Police Station: TRAFFIC POLICE WEBSITE

The Other Party(s) Details:

1. Driver's Name / IC No.: Vehicle No.: FBA8888J

Driver's Contact No.: Insurance Company (if any):

2. Driver's Name / IC No.: Vehicle No.:

Driver's Contact No.: Insurance Company (if any):

Witnesses' Name (if any): Contact No.:

Witness' Working Name: Contact No.:

*If no proper documents are produced, Evil, should not file the report. Information will be forwarded after one week.

SECURED DELIVERY

SINGAPORE POLICE FORCE

T/20201027/7027

Report No. T/20201027/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
27/10/2020 23:33	G/20201027/0172	

Informant's Particulars

Name of Informant: TAN ZHI XIANG, ADRIAN			Address: 812C CHOA CHU KANG AVENUE 7 #07-631 SINGAPORE 683812	
ID Type / ID No.: NRIC NO / S8918306E			Contact No.: Home/Office:	Mobile: 86064022
Nationality: SINGAPORE CITIZEN			Email: ADRIANTAN89@HOTMAIL.COM	
Sex: Male	Age: 31	Date of Birth: 25/05/1989	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2020 19:35	Type of Location: Straight Road
Location: STILL ROAD SOUTH				
Weather: Clear	Road Surface: Dry			Road Speed Limit: 70 Km/h
Traffic Flow: One Way	Traffic Control: Not Controlled			Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBA9656U	Motorcycle	HONDA	CB 400	White	Slightly Damaged	0
GBK2901E	Van					0

SINGAPORE POLICE FORCE

T/20201027/7027

Report No. T/20201027/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	FBA9656U (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	TAN ZHI XIANG, ADRIAN	ID No.	S8918306E
Related Vehicle	GBK2901E (Van)	Contact No.	86064022
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving straight along still road south towards ECP. The car infront of me slowed down and came to a stop. I slowed down and came to a stop too. Shortly after i felt an huge impact on my vehicle rear portion. I alighted to checked and found out that FBA9656U did not manage to stop in time and collided into my vehicle rear portion. A passer by called the ambulance and the ambulance and traffic police came shortly after.