

ASS. REC. BY:

Tanjah

REF:

CS3/AIG21001984/Titf3

ASSIGNMENT

GE 2022 Sep

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. _____

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
X	

Bal. or Market Value: 922K.

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: PC5394A

Yr Regn: 2012, Sep

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

Truck / Trailer or Minibus

Make: Mercedes Benz Viano. c.c 2143

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

Sp. Reading 185502 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDF639815 23747494

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: 225/60R16

R: 2

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

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____

D.O.I. 16/2/21

Survey held at Carsmith

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

Rear u/s

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

Date / Time

Action / Instruction

SUBMIT DAR REPORT

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐

: Site Insp (\$ _____)

☐

: Interview (\$ _____)

☐

: Tech. Invs (\$ _____)

☐

: Weekend (\$ _____)

S + RS. SI

Photos

Others

TOTAL

Rep. Format: _____

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

PCS 394A

Rear bumper centre de ✓

Rear bumper side LH de ✓

Rear bumper LH side returner ne ✓

Rear bumper centre bracket cra ✓

Reverse sensor nu ✓

Rear bumper clips ne ✓

Rear LH taillamp lower garnish de ✓

LH reflector uit ✓

Tailgate bt ✓

Tailgate emblem 'Viano' ne ✓

Tailgate emblem MB logo ne ✓

Tailgate emblem 'CDI 2.2' ne ✓

'70 km/h' sticker ne ✓

Rear end panel RY

LH taillamp ne ?

° 6 days

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	09/02/2021 18:04 (SGT)
Date of Accident	08/02/2021 16:20 (SGT)
Exact Location of Accident	Tampines Street 31, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5394A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIMON TRANSPORT SERVICES
Company Reg No	5XXXX400J
Email Address	SSCSIMON@GMAIL.COM
Mobile Phone No	(Phone) +65-96393756
Alternative Phone No	(Home) +65-96393756

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Viano
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	5114972552-01
Cover Note Number	-

DRIVER

Name of Driver	SIM SIANG CHOA SIMON
NRIC No	SXXXX657C
Date Of Birth	30/01/1959
Occupation	Outdoor

Date Of Driving Pass	02/11/1984
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96393756
Alt. Phone Number	-
Email Address	SSCSIMON@GMAIL.COM
Address	APT BLK 724 TAMPINES ST 71 #11-157
Address complement	-
Postcode	520724
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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?	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 person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

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

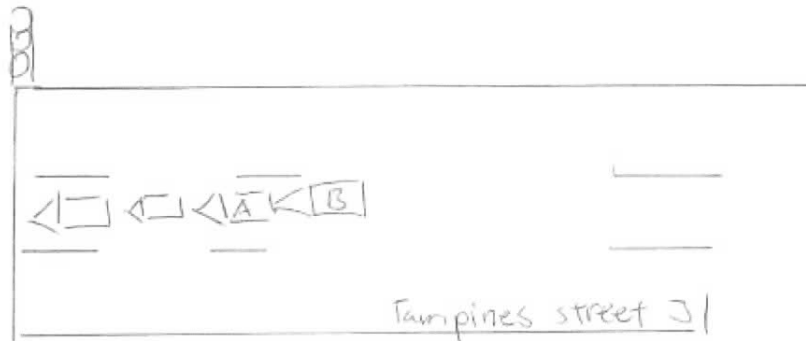
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR3742Y
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)	-			

SKETCH PLAN

APC5394A
Bskr 3742Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report



Police Officer's Signature
Date & Time:

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

MACF

Inspecting Centre Person's Signature
Name:
NRIC/FIN No.: