

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s Bi from  
 of \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No. 30001622330  
 Claims No. 253212  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: PC 7266 Z Yr Regn: 111 '12  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toy Hiac c.c. 2982  
 Colour: White A/C: Insured / Std / NI / NA  
 Sp. Reading: 189655 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: JTIS T22 P7 000 14629  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: MII / S/Rlm / STD A/Rlm or \_\_\_\_\_  
 Tyre Size: F: 195 R15 X8  
 R: \_\_\_\_\_

(Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Max miler  
 Front  
 R/Bal. 9 mm  
 L/Bal. 9 mm  
 D.O.A. 8/12/21  
 Survey held at \_\_\_\_\_  
 Rear  
 R/Bal. 9 mm  
 L/Bal. 9 mm  
 D.O.I. 1/3/2021

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 08 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
Rear o/s  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
23/03/21 @ 5.23pm	revised to Desmond Lee via Merimen.
	Kenneth confirmed LS \$5800, 8 days (Red \$3444.12, 37%)

Date/Time, File Pass to?  : Prell. Report  
 : Final Report

Days Of Repair: 8  
 Resurvey No. of Trip: 2

Date/Time, File Return to? 2)

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:	_____ \$ - RS. _____ \$
Fuel:	_____ \$
Others:	_____ \$
<b>TOTAL</b>	_____ \$

Report Format: MER-TP  
 Lump Sum / I.B.I: (\$ 5800)



# 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 ..... 08/02/2021 15:15 (SGT)  
Date of Accident ..... 08/02/2021 09:05 (SGT)  
Exact Location of Accident ..... Near 19 Upper Boon Keng Rd, Block 19, Singapore 380019  
Additional Location Information ..... ALJUNIED WEST FLYOVER x SIMS WAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC7266Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SPD  
Company Reg No ..... 052D  
Email Address ..... ERIC\_HONG@SPD.ORG.SG  
Mobile Phone No ..... (Phone) +65-93837090  
Alternative Phone No ..... +65-93837090

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5117332792  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MAZLAN BIN KAHAR  
NRIC No ..... SXXXX769E  
Date Of Birth ..... 09/05/1955  
Occupation ..... Outdoor

SKETCH PLAN

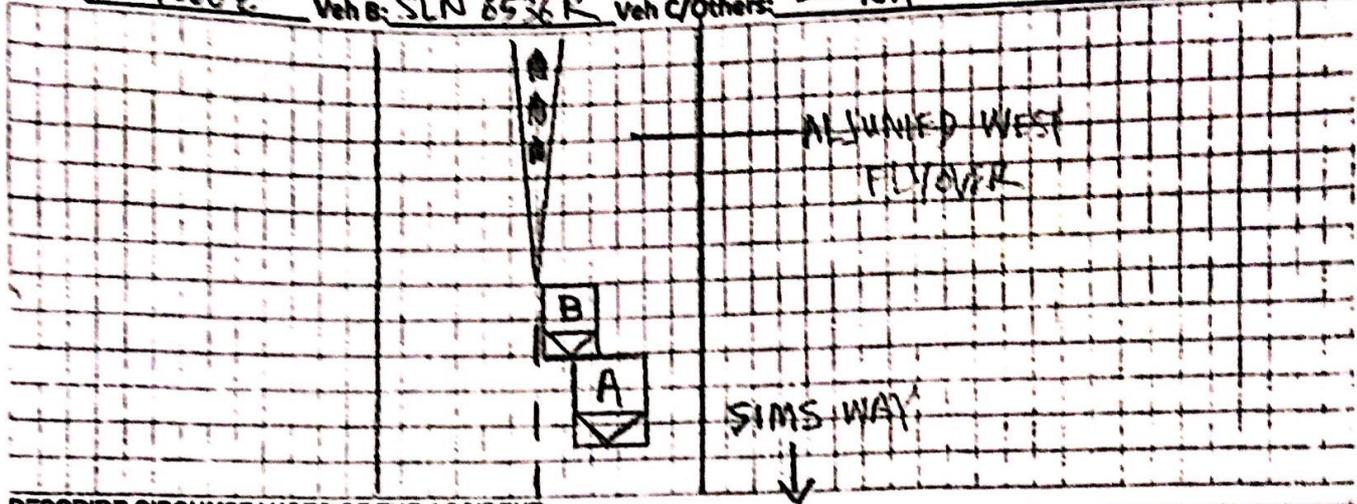
Date & Time of Accident: 08.02.2021, 0905

Location: ALJUNIED WEST FLYOVER x SIMS WAY

Veh A: PC 7266 Z

Veh B: SLN 8538 R

Veh C/Others: NA



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08.02.2021 around 0905 hrs, I was driving along Aljunied West Flyover filtering on to Sims Way when suddenly Veh B hit my vehicle's rear right area. No injury was reported at that time.

- Own Damage Claim at Lim Tan Motor
- TP Claim at Lim Tan Motor
- Own Damage Claim at Other Workshop
- TP Claim at Other Workshop
- Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : \_\_\_\_\_  
 My/Our email : \_\_\_\_\_

DECLARATION

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

\_\_\_\_\_  
 Policyholder's Signature Date & Time:

*[Signature]*  
 Driver's Signature (If driver is not the policyholder) Date & Time: 08.02.2021 1030hrs

*[Signature]*  
 Reporting Centre Personnel's Signature Name: LGENB HO NRIC/FIN No.: 479F