

Kenrick

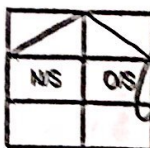
REF: MRC / 210024641Kv

ASSIGNMENT

Date: _____
 To: _____
 From: _____
 At: _____
 SLR 1724B
 Policy No. 29141713MKF
 Claim No. 633979
 Sum Insured: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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



Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 G/A / FR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 03 days Res.: Yes or No
 Lump Sum: 1.81 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: 03/17 Person Contacted: _____ Vehicle: IN/OUT

Veh No: SGV 5807 Yr Regn: 06.07
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Sabari / Zagor cc 1994
 Colour: M.B.K.R. AC: Insured / Std / NI / NA
 Sp. Reading: 17750 T/Radio: Insured / Std / NI / NA
 Eng No: _____
 C/Nr: GOB / 038800
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: NI / SRM / STD A/Rim or _____
 Tyre Size: F: 225/40R18
R: _____

SS/DUN/EXNOVA/GY/FS/LIZA/MIC/ONTSU/PIR/SUMI/
 TOYO/YOKO or _____

Front	Rear
R/Sol. <u>5</u> mm	R/Sol. <u>5</u> mm
L/Sol. <u>5</u> mm	L/Sol. <u>5</u> mm
D.O.A. <u>18/12/20</u>	D.O.I. <u>22/3/2021</u>

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or _____

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
8/4/21	<u>2800</u> confirmed by email (Red 1635.20,67%)

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

Days Of Repair: 3

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS - SI

Fr - Am

Others

TOTAL

2 8/4/21-Typist

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

Report Format: Merimen

Lump Sum / I.B.I: \$ 800

REF. 144 / 266 02-2. 10

NOT AUTHORIZED

Praying After Rain

8800/r 3 day

BIFROST AUTO PTE LTD

REPAIR ESTIMATE

DATE: 19-Feb-21

MODEL: SUBARU IMPREZA S204 AWD 6MT

INSURANCE: MSIG

VEHICLE NO.: SGV 580 T

[illegible]

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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 19/12/2020 14:38 (SGT)
Date of Accident 18/12/2020 12:25 (SGT)
Exact Location of Accident 3 Yung Sheng Rd, Singapore 618499
Additional Location Information TAMAN JURONG MARKET AND FOOD CENTRE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV580T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM SU LIN SONIA LAURA
NRIC No SXXXX208A
Email Address sonialauralim@gmail.com
Mobile Phone No (Phone) +65-81126760
Alternative Phone No +65-81126760

VEHICLE PARTICULARS

Manufacturer Subaru
Model Impreza
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 NTUC
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5051336509-09
Cover Note Number -

DRIVER

Name of Driver CHEONG CHUNG KIN
NRIC No SXXXX773C
Date Of Birth 19/01/1970
Occupation Indoor

Date Of Driving Pass 12/02/1988
 Driving experience 32 YEARS AND 10 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98551400
 Alt. Phone Number -
 Email Address dr.sins@gmail.com
 Address 129 SUNSET WAY
 Address complement #01-01
 Postcode 597157
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Spouse
 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 Hit and run / Vandalism / Damaged whilst parked
 Weather Conditions DRY (SHELTERED CARPARK)
 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) 0
 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? Yes
 Police Station Name Traffic Police
 Police Station Phone No (Phone) +65-65470000
 Alt. Police Station Phone No (Fax) +65-65474900
 Police Station Address 10 Ubi Avenue 3 Singapore 408865
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED POLICE REPORT.

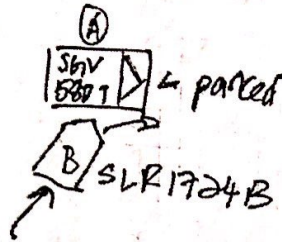
ATTACHMENT(S)

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 SLR1724B
 Vehicle Manufacturer Honda
 Vehicle Model Vezel
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -

SKETCH PLAN

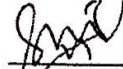


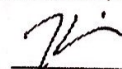
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer attached
police report.

DECLARATION

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


Policyholder's Signature
Date & Time: 18/12/20
5:18pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/12/20
5:18pm

 19/12/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: