

ASS. REC. BY: Tau Jih

REF: CS3/ALG 2102882/Tig 43

**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. \_\_\_\_\_

Claims No. 2908614593SG

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: 953K

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 10 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS WP PRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: GBF3775Y Yr Regn: 2016 Sep.

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

Truck / Trailer or

Make: Toyota Hiace c.c. 2982

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

Sp. Reading: 162571 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: NDH 2010199476

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/105

R: \_\_\_\_\_

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

TOYO / YOKO or Nippon

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. \_\_\_\_\_ D.O.I. 8/3/21 @ 12pm

Survey held at JL Auto.

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

Frt o/s & floor

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

Date / Time	Action / Instruction
31/03/21	Submit DAR.

Date/Time, File Pass to?  : Preli. Report

1) 31/03 Typist  : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 10

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation: \_\_\_\_\_ \$ + RS \_\_\_\_\_ \$

Photos \_\_\_\_\_

Others \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL \_\_\_\_\_

Rep. Format: MER-DAR

Lump Sum / L.B.H: (\$ \_\_\_\_\_)

GBF 37754

- Rear bumper de -
- Rear bumper clips ue -
- Rear bumper side refisher ue -
- Rear sensor ue -
- Tailgate bt -
- Tailgate lock bt -
- Rear number plate bt -
- Tailgate garnish de -
- Tailgate emblem ue -
- Tailgate "5px" sticker ue -
- Tailgate "70km/hr" sticker ue -
- Tailgate windscreen sealant ue -
- Tailgate windscreen underlay ue -
- Rear taillamp LH & RH cov -
- Rear step panel bt -
- Rear end panel bt -
- Rear end panel top garnish bt -
- Tailtramp apron panel RH de -
- Spare tyre panel screw bt -
- Spare tyre panel carrier ue?
- Tailgate weatherstrip int -
- Rear floor panel RY
- Rear exhaust RY
- Rt bumper de -
- Rt bumper side refisher RH cov -
- Rt bumper clips ue -
- Rt RH headlamp int -
- Rt RH door RY
- Rt RH door comping sticker ue -

10 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 25/02/2021 14:46 (SGT)  
Date of Accident 25/02/2021 08:00 (SGT)  
Exact Location of Accident CTE, Singapore  
Additional Location Information -  
Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF3775Y

### INSURED/POLICYHOLDER

Is company? Yes  
Name Of Registered Owner MAINLAND ENGINEERING PTE LTD  
Company Reg No 2002044229D  
Email Address TAY08323@GMAIL.COM  
Mobile Phone No (Phone) +65-68481131  
Alternative Phone No +65-68481131

### VEHICLE PARTICULARS

Manufacturer Toyota  
Model Hiace  
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 Liberty Insurance  
Type of Coverage Comprehensive  
Fleet Policy No  
Policy Number SD20V09686/VCV/R00  
Cover Note Number -

### DRIVER

Name of Driver CHUNG SIE UNG  
NRIC No SXXXX302H  
Date Of Birth 26/04/1977  
Occupation Indoor

Date Of Driving Pass	03/12/2007
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92257339
Alt. Phone Number	-
Email Address	TAY08323@GMAIL.COM
Address	BLK 727 YISHUN ST 71 #03-97
Address complement	-
Postcode	760727
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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 STATEMENT.

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	SGT7840H
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) -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM946K  
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 CHUNG SIE UNG  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained BODY  
Injured person in which vehicle? GBF3775Y  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? No



