

ASS. REC. BY:

REF:

MSG / 210032761K4

Kenneth

## 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.

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Pnw 5733K Yr Regn: 11.20

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

Truck / Trailer or

Wagon

Make:

Toy Pienta c.c. 1496

Colour

M. Silver AC: Insured / Std / NI / NA

Sp. Reading

6362 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MHF 828143X.00068874

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 185/80R15

R:

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

9 mm

R/Bal.

9 mm

L/Bal.

9 mm

L/Bal.

9 mm

D.O.A.

11/3/21

D.O.I.

12/3/2021

Survey held at

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

O/S 1st

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

Date / Time

Action / Instruction

1. Est not ready

FINALISE AT \$3846.62, 5DAYS

RED: 716.96; 15%.

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

Transportation

S - RS. \$

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$



# 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	-
Date of Accident	11/03/2021 18:45 (SGT)
Exact Location of Accident	Lentor Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW5733K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Low Wee Heng (Liu Weixing)
NRIC No	SXXXX189A
Email Address	whlow@hotmail.com
Mobile Phone No	(Phone) +65-81396406
Alternative Phone No	+65-90683359

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070164874
Cover Note Number	-

## DRIVER

Name of Driver	Teyo Sock Pei
NRIC No	SXXXX915D
Date Of Birth	19/03/1975
Occupation	Indoor

Member  
Address  
Address complement  
Postcode  
Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

13/06/2008  
12 YEARS AND 9 MONTHS  
Female  
(Phone) +65-90683359  
-  
teyosp@hotmail.com  
7 Jalan Mata Ayer #03-45  
-  
759152  
No  
Spouse  
No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Change/cross lane  
Clear  
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) 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

Please refer to the sketch plan.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLN5168B  
Vehicle Manufacturer Toyota  
Vehicle Model Prius  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category Private hire  
Name of Driver Tan Lye Huat  
NRIC No SXXXX728C  
Contact Number -  
Address Blk 102 Rivervale Walk #16-68  
Address complement -  
Postcode 540102



circumstances of the Accident

along Lento Ave prepared to turn into Yishun Ave 1.  
Ideally there was a car cutting into the my lane from  
the outer lane & bang to me at the driver side.

Declaration

We declare the foregoing particulars are true in every respect.



Min. 11/11/2011 9.00 am