

ASS. REC. BY:

REF:

AXA / 210034861Kg

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

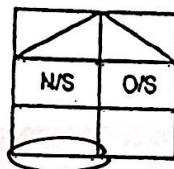
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

Res.: Yes or No

Lum Sum:

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SMK 6522J

Yr Regn:

04, 19

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

Truck / Trailer or

Make:

Honda Vtec

c.c

1496

Colour

A.P. White

A/C:

Insured / Std / NI / NA

Sp. Reading

17551

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RU 1

1316089

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Front

R/Bal.

J

mm

Rear

R/Bal.

J

mm

L/Bal.

J

mm

L/Bal.

J

mm

D.O.A.

14/3/21

D.O.I.

17/3/2021

Survey held at

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

Rear N/S

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

Date / Time

Action / Instruction

17/3

EST NOT ready, DS.

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

S - RS, SI

F. Invs

Others

Report Format :

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

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	15/03/2021 20:01 (SGT)
Date of Accident	14/03/2021 16:30 (SGT)
Exact Location of Accident	Yishun, Singapore
Additional Location Information	YISHUN AVE 5 OPPOSITE BLK 101 BUS STOP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK6522J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SOW YONG KWANG
NRIC No	SXXXX442H
Email Address	LOL2C3@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96478400
Alternative Phone No	+65-96478400

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	No
Policy Number	5116730721
Cover Note Number	-

DRIVER

Name of Driver	SOW YONG KWANG
NRIC No	SXXXX442H
Date Of Birth	21/08/1975
Occupation	Indoor

Date Of Driving Pass	20/06/2003
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96478400
Alt. Phone Number	+65-96478400
Email Address	OLOL2C3@YAHOO.COM.SG
Address	BLK 125 YISHUN ST 11 #08-399
Address complement	-
Postcode	760125
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	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

PLS REFER TO SKETCH PLAN

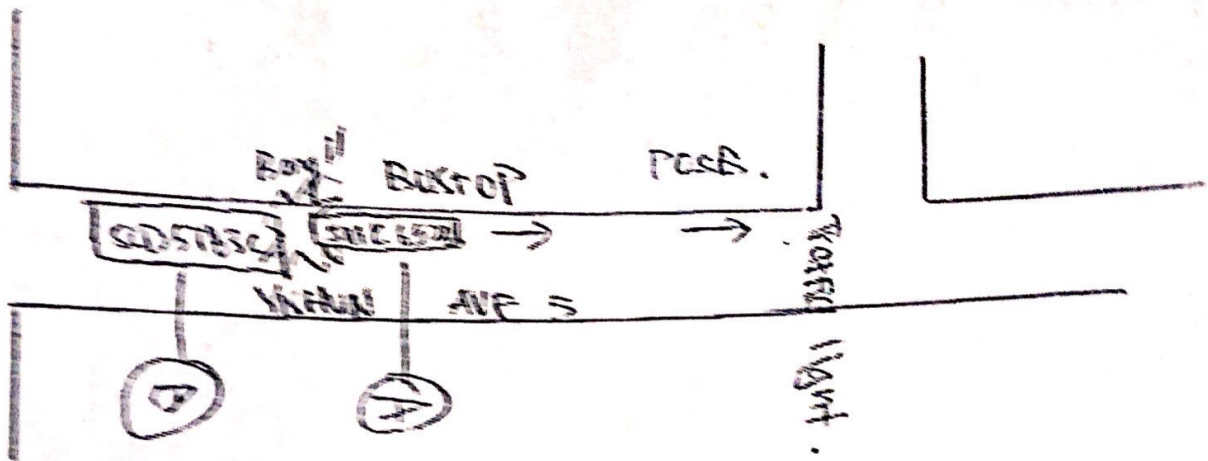
ATTACHMENT(S)

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	SLD5783C
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BEH CHAI SENG
NRIC No	SXXXX524Z
Contact Number	(Phone) +65-96357708
Address	-
Address complement	-
Postcode	-

Sketch Plan
 Road Boundary
 Road Boundary



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 14 Dec 2021 at 11:00 AM I was driving car (2021) along
 Ave 5 I was waiting at the traffic light
 and SD51736 Honda Civic 2011 into the back of my
 vehicle. I now choose to report the damage of my
 vehicle and the other.

THIRD PARTY @ TEB WORKSHOP. EMAIL
 REPORT TO THEM

Signature

Date

Signature

Signature

Signature