ASS. REC. BY: Kenneth

REF: SMO/2100427I/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Complete

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: GBD 2630Z Yr Regn: 08, 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: NIS NV200 c.c 1461

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 137994 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSKYBAM20Z0087854

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 185/65R14

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	9 mm	R/Bal.	9 mm
L/Bal.	9 mm	L/Bal.	9 mm
D.O.A.	1/6/21	D.O.I.	5/4/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
/	Est not ready

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ S - RS. _____ SI

Parking _____

Others _____

TOTAL _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

SS2121430001-21 / STA Inspection Pte Ltd[S7552*]
ENTRY DATE & TIME: 03/04/2021 08:25 (SGT)
SUBMITTED BY: Mohamad Faraz Bin Jalil
VERSION: 2 (03/04/2021 15:33 (SGT))

SINGAPORE ACCIDENT STATEMENT

1. Please fill in correctly the details of the accident to speed up the claims process.
2. This form is to be completed by the Policyholder and/or the Authorised Driver.
3. Information provided in this form should be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate your claim.
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 information 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	03/04/2021 08:25 (SGT)
Date of Accident	01/04/2021 11:05 (SGT)
Exact Location of Accident	Ubi Rd 1, Singapore
Additional Location Information	UBI ROAD JUNCTION EXIT TO KPE (ECP)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2630Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BEIFANG HERBS SUPPLIER PTE LTD
Company Reg No	1XXXXX146C
Email Address	finance@beifangherbs.com
Mobile Phone No	(Phone) +65-87789129
Alternative Phone No	(Office) +65-68461925

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V09281/VCV/R03
Cover Note Number	-

DRIVER

Name of Driver	LI TUJIN
Passport No/FIN	GXXXX284M

	21/10/1987
	Outdoor
Date Of Driving Pass	06/10/2020
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87789129
Alt. Phone Number	-
Email Address	finance@beifangherbs.com
Address	18 JOO SENG ROAD
Address complement	#13-151
Postcode	368018
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	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

MY VEHICLE WAS STATIONARY AT UBI ROAD JUNCTION EXITING TO KPE (ECP). TRAFFIC WAS CONGESTED ON KPE (ECP). WHILE WAITING FOR THE FRONT TRAFFIC TO CLEAR, SUDDENLY I FELT A HARD IMPACT, VEHICLE B DIDN'T STOPPED AND COLLIDED INTO THE REAR OF MY VEHICLE.
NO ONE IS INJURED AND WE EXCHANGED OUR PARTICULARS. I'M FILING THIS REPORT FOR THIRD PARTY CLAIM.

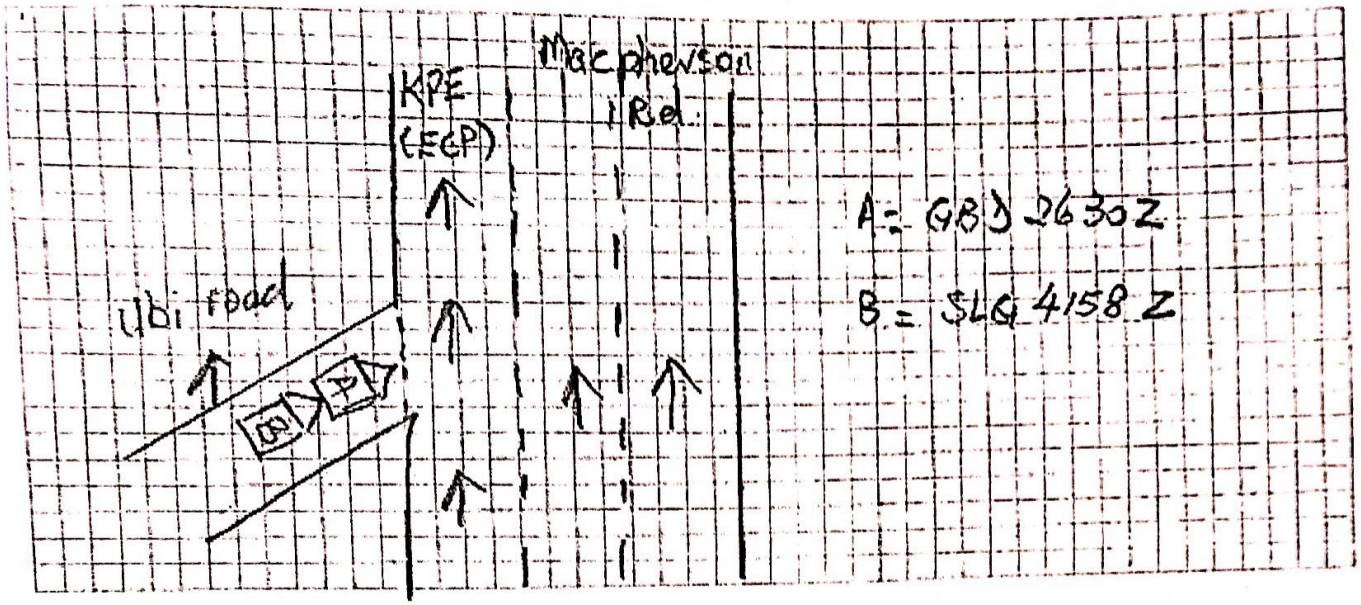
ATTACHMENT(S)

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	SLG4158Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOW KUM WENG
NRIC No	SXXXX472D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary at Ubi road junction existing to KPE (ECP). Traffic was congested on KPE (ECP). While waiting for the front traffic to clear suddenly I felt an big impact, vehicle B didn't stopped and collided into the rear of my vehicle.
No one is injured, and we exchange our particulars. I'm filing this report for third party claim.

DECLARATION

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

北方药业有限公司
BEIFANG HERBS SUPPLIER PTE LTD
1 Pemimpin Drive
#07-01 One Pemimpin
Singapore 576151

Policyholder's Signature
Date & Time:

Li Jin Jin

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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