

ASS. REC. BY:

REF: MSG / 21004824/KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Brown

of _____

Insured: _____

Policy No. _____

Claims No. _____

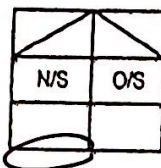
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 10.30am

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 1.8.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKU 2650U Yr Regn: 07.15

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

Truck / Trailer or WagonMake: Honda Mobile c.c. 1496Colour: M. Silver A/C: Insured / Std / NI / NASp. Reading: 120455 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MRHDD48F0FP000162Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NII / S/Rlm / STD A/Rlm orTyre Size: F: 185/65R15

R: _____

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

TOYO / YOKO or Champion

Front _____ Rear _____

R/Bal. 6 mm R/Bal. 7 mmL/Bal. 6 mm L/Bal. 7 mmD.O.A. 11/4/21 D.O.I. 3/5/2021

Survey held at _____

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

Rear N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees _____

Others _____

TOTAL

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

Report Format :

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

Not authorized
Primary B4 prin
3 days

3 days

INSURANCE: MSIG

VEHICLE NO.: SKU 2650 U

11x11

400
2801

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 willful 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	12/04/2021 12:07 (SGT)
Date of Accident	11/04/2021 10:50 (SGT)
Exact Location of Accident	Near 455C Ang Mo Kio Ave 3, Singapore 561455
Additional Location Information	ANG MO KIO AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2650U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ANG SIM SENG
NRIC No	SXXXX317C
Email Address	adrian_ang92@hotmail.com
Mobile Phone No	(Phone) +65-98930619
Alternative Phone No	+65-98930619

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Mobilio
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
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MPC0003376_01
Cover Note Number	-

DRIVER

Name of Driver	ADRIAN ANG QI JIE
NRIC No	SXXXX162F

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address

25/05/1992
Outdoor
25/10/2012
8 YEARS AND 6 MONTHS
Male
(Phone) +65-90309926
=
adrian_ang92@hotmail.com
BLK 427 ANG MO KIO AVENUE 3 #09-2604
=
560427
No
Child
No
=
=

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
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

I AM DRIVING TOWARDS ANG MO KIO AVENUE 3. A QUEUE AT FILTER LANE. THUS I HAD MAKE A COMPLETE STOP. MOTORCYCLE FROM BEHIND HAVE KNOCK ON TO BACK OF MY CAR.

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 FV1804D
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
Name of Driver -
Contact Number -
Address -