

ASSIGNED BY:

REF: Asm/21005093/kb

Keneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OO / WS / TP RES / OO RES / EVA / INV / MV

To inspect Vehicle No: _____

at Workshop no: Cuan 1/in

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

Est. or Market Value: 852k

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 4-5 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: 02/28 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SFN 7821 Reg: 03,09

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

Truck / Trailer or

Make: MV E200 Range cc 1496

Colour: M. Grey AG: Insured / Std / NI / NA

Sp. Reading: 107739 TRadio: Insured / Std / NI / NA

Eng No: _____

CIN: WDD 2110 4123 392839

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 / R/Rim or

Tyre Size: F: 225/55R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / M/G / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

Rear

R/Sal: 2 mm

R/Sal: 3 mm

U/Sal: 2 mm

U/Sal: 3 mm

D.O.A: 19/4/21

D.O.I: 26/4/2021

Survey held at _____

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

N/S Frt & U/C

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

Date / Time	Action / Instruction
<u>1</u>	<u>Est not ready</u>

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

1) : Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

Transportation:

S - RS - SI

Fuel

Others

Report Format :

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 Authoused 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 20/04/2021 16:35 (SGT)
Date of Accident 19/04/2021 20:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO AVE 5 BEFORE CTE FLYOVER (TO TOWN) ANG MO KIO NORTH FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFN7828M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BOEY YIP PANG
NRIC No SXXXX551E
Email Address umaetalk@gmail.com
Mobile Phone No (Phone) +65-88917816
Alternative Phone No +65-88917816

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200k
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 1796

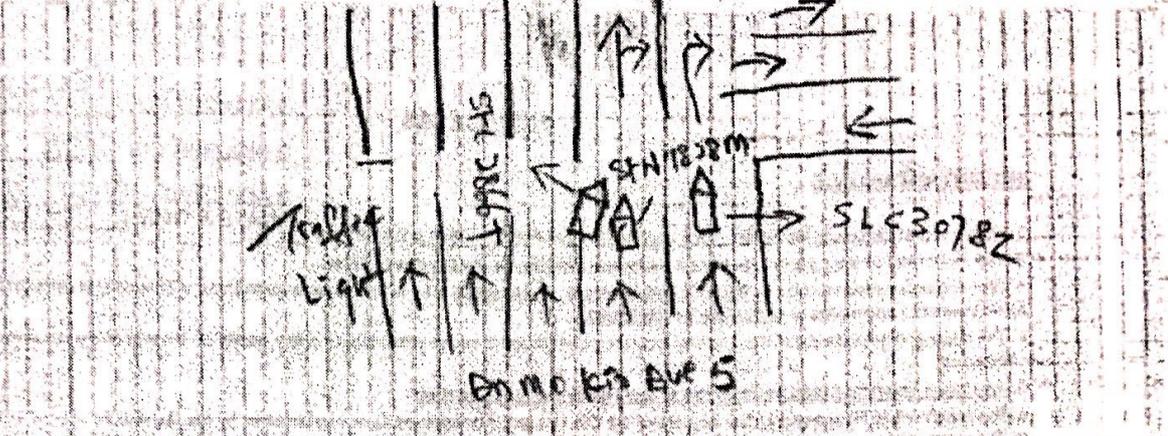
INSURANCE COMPANY

Name of Insurance Company QBE Insurance (Singapore) Pte Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 8-V0017249-MVA-R003
Cover Note Number -

DRIVER

Name of Driver BOEY YIP PANG

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement Attach:

Vehicle No: SFH1828M (RBE)

Date & Time: 19/04/21 @ 2045 (Clear day)

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time: 20/4/21

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

Reporting Centre Person's Signature
Name:
NRIC/FIN No.: (ANK)

- Claim Own Policy
- Claim Third Party
- Reporting Only
- Claim OD/TP at other workshop (Guan Hin Motor)