ASS. REC. BY: Kenneth

CS/ REF: CTL/ 21005205/KV f3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Thiam Hock Huat

of _____

Insured: SJL 4844Z

Policy No. _____

Claims No. SNM21D202416/C02

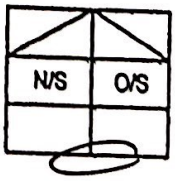
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 1.B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SNV 45780 Yr Regn: 01.17

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

Make: NIS Cashqai A) c.c 1197

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

Sp.Reading 58944 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SJNFEAJ11U 1799675

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: 215/60R17

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.	5 mm	L/Bal.	9 mm
D.O.A.	23/4/21	D.O.I.	28/4/2021

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
16/7/21	Kenneth confirmed LS $1950 (Red 12,841.20,86%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 16/7/21-Typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Others _____

TOTAL _____

Report Format : Merimen

Lump Sum / ~~I.B.I~~: ($ 1950 _____)

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 CIA 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	26/04/2021 16:59 (SGT)
Date of Accident	25/04/2021 13:00 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	ANG MOI KIO HUB CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV4578D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH JING KE
NRIC No	SXXXX782B
Email Address	ngui.jiangang@gmail.com
Mobile Phone No	(Phone) +65-98758891
Alternative Phone No	+65-98758891

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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
Transmission	Auto
CC	1197

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119941762
Cover Note Number	-

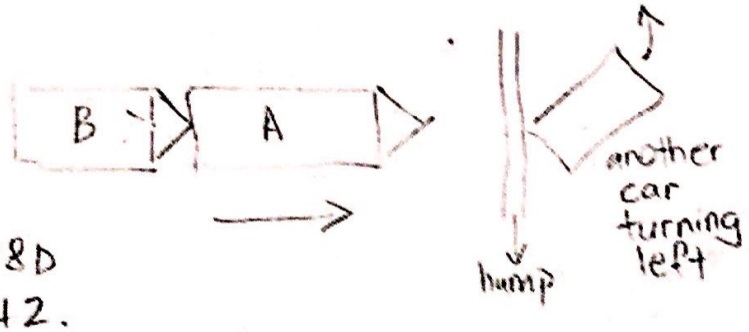
DRIVER

Name of Driver	NGUI JIAN GANG
NRIC No	SXXXX108I

Date of accident: 25/4/2021 Time: ~1pm Location: Ang Mo Kio Hub carpark

Veh A: SMV4578D Veh B: SJL4844Z No of pax: 1 Weather: Clear/dry Rain/Wet (indoors)

SKETCH PLAN



A: SMV4578D
B: SJL4844Z.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1pm on 25/4/2021 at Ang Mo Kio Hub Carpark, SJL4844Z bumped into my car's rear. A car in front of me was turning left to park and slowed down. So I also stopped to allow it to proceed. This was when SJL4844Z hit my car's rear. We exchanged contact information and she apologized to me by admitting she was not paying attention.

☐ Claim OD/TP at Falcon-Air ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:
My workshop :
Email address : ngui.jianggang@gmail.com
& myself :
Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
Date & Time: 26/4/2021, 10.45AM

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/4/21, 10.46AM

(98758911)

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