

ASS. REC. BY:

REF:

MSG / 210052281Kt

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

10.45am

(Policy Condition)

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

N/S	O/S

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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: GBK 55523 Yr Regn: OD, 17

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

Truck / Trailer or _____

Make: Toy Dyna c.c. 2802Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 76242 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTFA735Y40K 208731Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: MT / S/Rlm / STD A/Rlm orTyre Size: F: 185R15X8R: 155R12X800

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

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 66 mmL/Bal. 8 mm L/Bal. 66 mmD.O.A. 26/4/21 D.O.I. 10/5/2021

Survey held at _____

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

N/S

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

Date / Time Action / Instruction

Date/Time, File Pass to?

☐: Prell. Report

Days Of Repair: _____

1)

☐: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

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

Survey Fee: _____

Transportation: _____

S + RS. \$ _____

Fees _____

Others _____

TOTAL

Report Format:

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

Not Withstand
6 Days &
Preserving the Paint
3 days

3 days

INSURANCE: MSIG

VEHICLE NO.: GBK 5552 J

✓
X
✓
7
?
X
✓
X

255a

601
351
301

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 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 27/04/2021 12:09 (SGT)
Date of Accident 26/04/2021 12:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information 5 SOON LEE STREET SINGAPORE 627607
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK5552J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner EVERGREEN REFRIGERATION ENGINEERING PTE LTD
Company Reg No 2XXXXX576M
Email Address INFO@EVERGREEN-REFRIGERATION.COM
Mobile Phone No (Phone) +65-96829191
Alternative Phone No (Office) +65-63974248

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 Goods vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCG20010854
Cover Note Number -

DRIVER

Name of Driver LEPHON SATHIAN
Passport No/FIN FXXXX735W