

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: _____

(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: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: EL1772B /r Regn: 2008 April
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: Hyundai Avante cc 1591
 Colour: Bronze A/C: Insured / Std / NI / NA
 Sp Reading: 217569 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: KMHDA18R74434286

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60R15

R: 195/60R15

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

TOYO / YOKO or

Front / Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 07/05/21

Survey held at JEC

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

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

Date / Time Action / Instruction

TP ALG.

COE Expiry: 16/04/23.

Lump Sum \$6500/-
 (Red: 5383.40 : 45%)

MV: 171K

PV: 10.5K

Nett: 6.5K.

11883.40

7

Date/Time, File Pass to?

☐

: Preli. Report

☐

: Final Report

Days Of Repair: _____

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

\$ + RS \$

Photos

Other

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Other (\$

1)

Date/Time, File Return to?

2)

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	04/05/2021 10:08 (SGT)
Date of Accident	01/05/2021 22:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NEWTON ROAD TOWARDS NEWTON CIRCUS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EL1772B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BALVINDER KAUR D/O HARDIAL SINGH
NRIC No	SXXXX321H
Email Address	VINDERHARDIAL@YMAIL.COM
Mobile Phone No	(Phone) +65-96670975
Alternative Phone No	+65-96670975

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1600

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00918682
Cover Note Number	-

DRIVER

Name of Driver	BALVINDER KAUR D/O HARDIAL SINGH
NRIC No	SXXXX321H

Date Of Birth	15/11/1966
Occupation	Outdoor
Date Of Driving Pass	10/09/1999
Driving experience	21 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96670975
Alt. Phone Number	+65-96670975
Email Address	VINDERHARDIAL@YMAIL.COM
Address	BLK 423 CLEMENTI AVENUE 1 #27-325
Address complement	-
Postcode	120423
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Cross Junction
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

PLEASE REFER TO THE STATEMENT

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	SMJ7442E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

code
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-
-
-
-
-

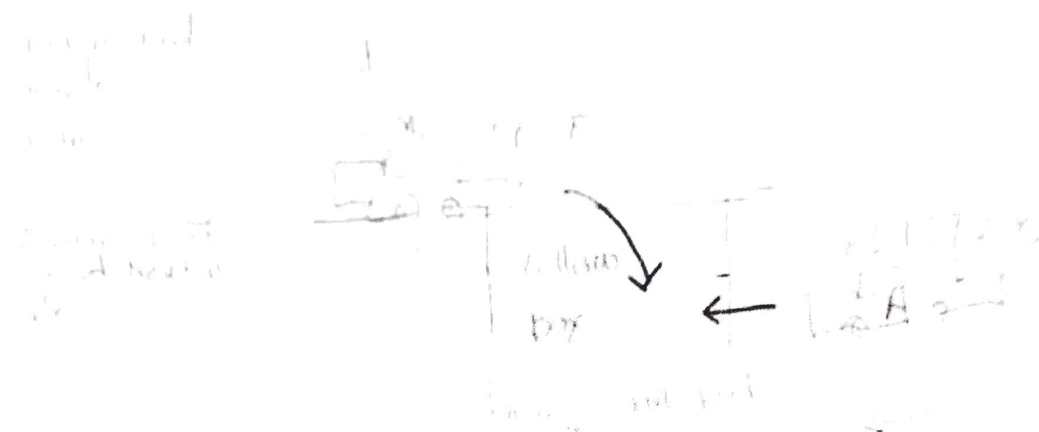
Accident Toolkit

sketch plan

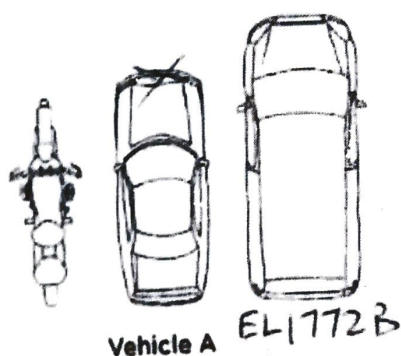
sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

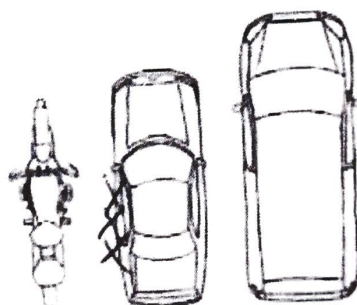
If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Vehicle A EL172B



Vehicle B SMJ7442E

direct
asia
insurance

Vehicle A
23-05-2021
6:03pm

Call us direct
Customer Care
6665 5555
Claims Support 24/7 Hotline
6532 1818
+65 6602 3680 (toll-free overseas)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date:

Transfer Count:

Actual ARF Paid:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

PQP Paid:

COE Rebate Amount:

Total Rebate Amount:

Message

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 07 May 2021

Singapore NRIC

321H

EL1772B

No

07 May 2021

HYUNDAI

HD AVANTE 1.6 A

Grey

2008

G4FC8U381191

KMH DU41BR7U434286

89.7 kW (120 bhp)

\$13,127.00

17 Apr 2008

17 Apr 2008

3

\$14,440.00

Forfeited

-

\$0.00

16 Apr 2023

A - Car (1600cc & below)

5

\$19,328.00

\$10,544.00

\$10,544.00

OK

