

ASS. REC. BY:

REF:

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: SDS7088D Yr Regn: 2016 August.Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Shuttle c.c. 1496Colour: Black A/C: Insured / Std / Nil / NASp. Reading: 95086 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: 6K81004711Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/50 R16R: 205/50 R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 24/05/21.Survey held at Ryder.

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

Front n/s.

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

Date / Time Action / Instruction

TP A/G.

MV:

PV:

Nett:

Date/Time, File Pass to?

☐: Preli. Report☐: Final Report

1) Date/Time, File Return to?

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee: _____

Transportation: _____

S + P = \$ _____

Phone: _____

Other: _____

POT: _____

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	03/05/2021 09:30 (SGT)
Date of Accident	30/04/2021 17:30 (SGT)
Exact Location of Accident	Bedok North Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS7088D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIOW BAN KENG
NRIC No	SXXXX801F
Email Address	jel2liow@singnet.com.sg
Mobile Phone No	(Phone) +65-98298981
Alternative Phone No	+65-98298981

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	A 300334988 QMY
Cover Note Number	-

DRIVER

Name of Driver	LIOW BAN KENG
NRIC No	SXXXX801F

Date Of Birth	25/08/1959
Occupation	Outdoor
Date Of Driving Pass	08/02/1979
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98298981
Alt. Phone Number	+65-98298981
Email Address	jel2liow@singnet.com.sg
Address	BLK 907 TAMPINES AVE 4 #08-290
Address complement	-
Postcode	520907
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 - Change/cross lane
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

ON 30/04/2021 AROUND 1730HRS, I WAS DRIVING ALONG BEDOK AVE 3 TOWARDS BEDOK RESERVOIR. TRAFFIC WAS HEAVY AND I WAS LINING UP ON THE FIRST LANE. I NOTICED VEHICLE B WANTED TO FILTER TO MY LANE SO I WAITED FOR HIM TO TURN IN. HOWEVER HE DID NOT MOVE SO I PROCEED TO MOVE. SUDDENLY AS I WAS PASSING HIM, VEHICLE B STARTED TO MOVE AND COLLIDED THE LEFT SIDE OF MY VEHICLE. NO ONE WAS INJURED.

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	SMT4290T
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEH B
No. Of Passenger (Including Driver) 1

SKETCH PLAN



A - SDS 7088D
B - SM74290T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/4/21 around 1730hrs, I was driving along Bedok Ave 3 towards Bedok Reservoir. Traffic was heavy & I was lining up on the first lane.

I noticed veh B ~~wanted~~ wanted to filter to my lane, so I waited for him to turn in. ~~However because the then~~ ~~for the~~ however he did not move so I proceed to move. Suddenly as I was passing him, ~~he~~ veh B started to move & collided the left side of my vehicle.

No one was injured.

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.: