

ASS. REC. BY:

REF:

MSK/21005735/1kgf3

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. 1001407266

Claims No. 257070

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: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No:

GBC 98567 Yr Regn: 04, 14

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

Truck / Trailer or

Make:

Toyota Dyna c.c. 2980

Colour:

Silver A/C: Insured / Std / NI / NA

Sp. Reading:

282060 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTFAT 35400K 202845

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F: 195R15X8  
R: 155R12X8(10)

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

TOYO / YOKO or

Front

Rear

R/Bal.

9 mm

R/Bal.

9 9 mm

L/Bal.

9 mm

L/Bal.

9 9 mm

D.O.A.

9/3/21

D.O.I.

12/5/2021

Survey held at

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

O/S 14

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

Date / Time

Action / Instruction

14/05/21

Informed Douglas Ong, we are pending estimate from repairer.

18/05/21

Douglas Ong reject the claim as mentioned video showed TP cut into insured lane.

27/05/21

Submit Prel. report (repair cost not conclude)

Date/Time, File Pass to?



: Prell. Report

Days Of Repair: 4

11/27/05 Typist



: 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, SI

Fines

Others

Report Format :

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

TOTAL



# 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 ..... 10/05/2021 13:36 (SGT)  
Date of Accident ..... 09/05/2021 13:00 (SGT)  
Exact Location of Accident ..... Serangoon, Singapore  
Additional Location Information ..... Serangoon Road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC9856Z

INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SA Cars Pte Ltd  
Company Reg No ..... 2XXXXX511W  
Email Address ..... sacarspl@hotmail.com  
Mobile Phone No ..... (Phone) +65-97749061  
Alternative Phone No ..... +65-97749061

## VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

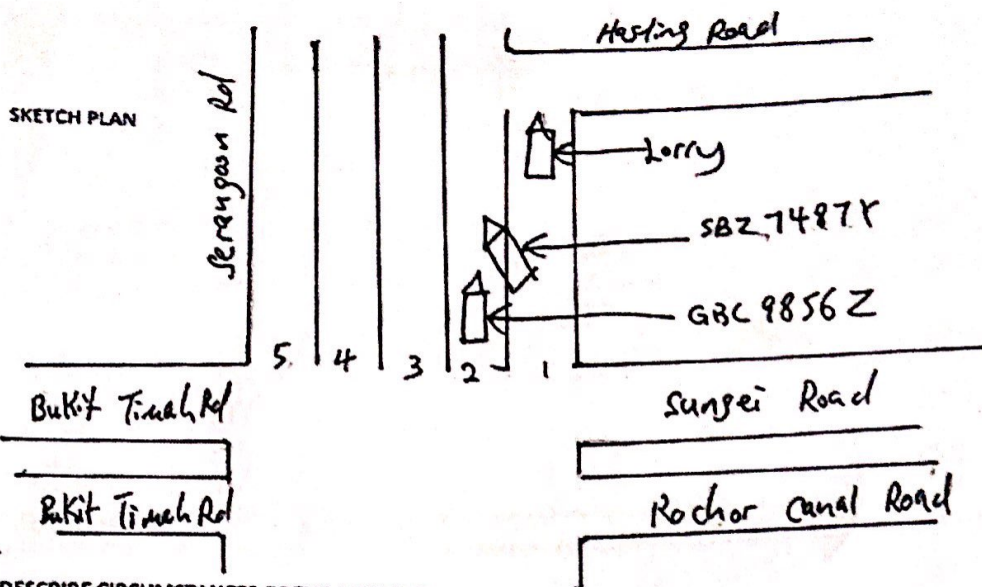
## INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... DMCG20011304  
Cover Note Number ..... -

## DRIVER

Name of Driver ..... Muthukaruppan Murugesan  
Passport No/FIN ..... GXXXX823U





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my lorry GBC 9856Z driving from Rochor Canal road to serangoon road I was at lane 2 slow traffic due to slow traffic I am stationary on lane 2 suddenly one car SBZ 7487Y came from lane 1 HIT on my lorry on lane 1 have one parked lorry before junction of Hasting road this lane right turn only. Because of in front parking lorry and for right turn only he wants to go straight he suddenly cross over between the parked and lorry and my lorry with time he hit my lorry make scratcher and for his his car getting too

DECLARATION

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



10/5/21

10/5/21