

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s Lion Hwy Sg
 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: 0.4 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: SLN 25722 Yr Regn: 04.17
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or AD Wagon
 Make: Hic Carer C.C. 1685
 Colour: Hi Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 158628 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KNATHU 815VH 7172387
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rlm / STD A/Rlm or
 Tyre Size: F: CST 205/55R16
 R: FRANZP
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. 9 mm R/Bal. 1 mm
 L/Bal. 9 mm L/Bal. 1 mm
 D.O.A. 9/5/21 D.O.I. 12/5/2021
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
O/S FR
 The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|----------------------------|
| <u>1</u> | <u>No estmng. PRS only</u> |
| | <u>Est repair 83-4K</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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 (\$ _____)

Survey Fee: _____

Transportation: _____

Report Format :

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

☐ : Interview (\$ _____)

S - RS. \$ _____

☐ : Tech Invs (\$ _____)

Photos

☐ : Weekend (\$ _____)

Others

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 11:37 (SGT) |
| Date of Accident | 09/05/2021 05:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | BEDOK SOUTH AVE 2 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLN2572L |
| INSURED/POLICYHOLDER | |
| Is company? | Yes |
| Name Of Registered Owner | REVTECH ASIA |
| Company Reg No | 5XXXX661B |
| Email Address | llsspoly06@gmail.com |
| Mobile Phone No | (Phone) +65-90687836 |
| Alternative Phone No | +65-90687836 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Kia |
| Model | Carens |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1685 |

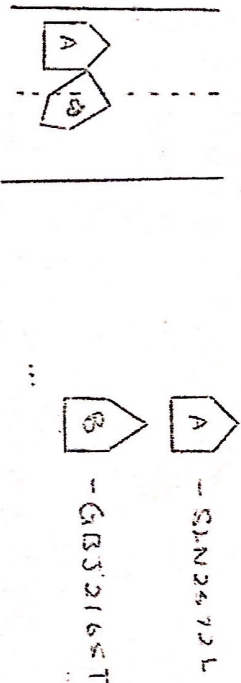
INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | ThirdParty |
| Fleet Policy | No |
| Policy Number | 5108792771-02 (TP) |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | LOH SOON SUM |
| NRIC No | SXXXX897E |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

☐ Claim OD/TP at Su Brothers. ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my cille accident report to :

My workshop : Lion Heng Seng Motorworks

Email address : LHS AUTO TRADING@gmail.com

& myself

Email address : LLSFOYDE@gmail.com

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

DECLARATION

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

10 MAY 2021

REVE TECH ASYA

TEL: 03-530986618

Date of Issue:

Signature of Insured Party
(to be signed and stamped by the policyholder)

Reporting Centre & Insurer's Signature
Name: _____
Address: _____