

ASS. REC. BY:

REF:

SMO/2100.5983/KV

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:

(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 No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

12/28

Date:

Person Contacted:

Vehicle: IN/OUT

M/S 304

Veh No:

STM1860R

Yr Regn:

12, 08

Type:

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

Truck / Trailer or

Make:

Honda FIT

c.c

1339

Colour

M. White

A/C:

Insured / Std / NI / NA

Sp. Reading

217398

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

G E 6 . 1105544

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/55R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal.

3

mm

R/Bal.

3

mm

L/Bal.

3

mm

L/Bal.

3

mm

D.O.A.

13/5/21

D.O.I.

20/5/2021

Survey held at

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

M N/S

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

Date / Time

Action / Instruction

/ EH not ready

CHECK WITH KENNTNTH IS PRS CASE, REPAIR RANGE \$1.5-2.5K

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS, SI

Fees

Others

TOTAL

Report Format :

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



## 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	14/05/2021 14:03 (SGT)
Date of Accident	13/05/2021 15:30 (SGT)
Exact Location of Accident	Green Ln, Singapore
Additional Location Information	GREEN LANE (AFTER THE TURN ALONG LIM AH WOO)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1860R
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEONG CHEE CHOY
NRIC No	SXXXX685D
Email Address	gary@driven.com.sg
Mobile Phone No	(Phone) +65-98503206
Alternative Phone No	+65-98503206

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1339

#### INSURANCE COMPANY

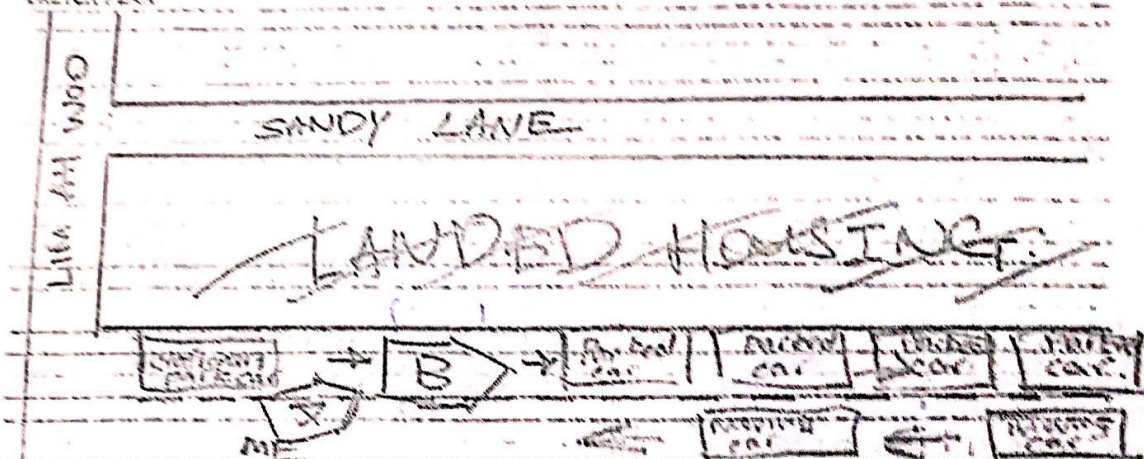
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5114407345-01
Cover Note Number	-

#### DRIVER

Name of Driver	GARY CHUA TECK GIN
NRIC No	SXXXX841C



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sandy Lane and made a left turn onto Green Lane. 68J 675B was travelling behind me (2nd Gear) and after into to the side as there was 2 oncoming car ahead. I saw the two oncoming car and I also filtered into the side to allow the two oncoming car to pass through. However, while in waiting for the two oncoming car to pass, 68J 675B made a reverse despite me waiting stationary at the back. I gave him a final continuous horn for sometime before it calmed into the head of 2nd Gear. The driver of 68J 675B came down apologised and say he did not hear the horn and also did not checked his right mirror. His hazard light was not on when he made a sudden reverse. Driver also refused to exchange particulars and telephone number at the scene. He offered a \$100 damage compensation but I refused as the car was damage was more than that \$100. Since he refused to exchange particulars, I took the pictures and left.

DECLARATION

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

*Cherry*

Policyholder's Signature

Date & Time: 14/05/21

1150am

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14/05/21 1150am



Reporting Officer's Signature

Name:

NRIC/FIN No.:



