

ASS. REC. BY:

PRR

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop n/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:

7 days

Res.: Yes or No

Lum Sum:

20%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading:

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date / Time

Action / Instruction

062 46670

\$7000 - \$8000

\$8800 - 7 days

red: 6900; 43%

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

7

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Misc. Insp (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Other:

TOTAL

Report Formed:

Lump Sum / Other:

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	17/03/2021 18:31 (SGT)
Date of Accident	16/03/2021 23:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG TAMPINES CENTRAL 1 & TAMPINES AVE 4 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU6843E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KRISS LEE THENG KAO
NRIC No	S6915361E
Email Address	KRISS.LEE2008@GMAIL.COM
Mobile Phone No	(Phone) +65-81003223
Alternative Phone No	+65-81003223

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119734058
Cover Note Number	

DRIVER

Name of Driver	KRISS LEE THENG KAO
NRIC No	S6915361E
Date Of Birth	02/05/1969
Occupation	Outdoor

Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

21/03/1989
 32 YEARS
 Male
 (Phone) +65-81003223
 +65-81003223
 KRISLEE2008@GMAIL.COM
 BLK 841 #11-110
 TAMPINES STREET 83
 520841
 Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision Major/Minor Rd
 Clear
 Dry

PERSONS INVOLVED

Were any foreign vehicles involved in the accident?
 Number of vehicles involved in the accident
 Was anybody injured in the accident?
 Was any injured transported to hospital by ambulance?
 Was any other material or property damaged?
 Number of Passengers (including driver)
 Was the driver been approached by unknown persons
 monitoring/offering accident claims assistance?

No
 2
 No
 No
 No
 2
 No

DRIVER

Name
 Gender

Li Shih
 Female

LOCATION OF ACCIDENT

Was the accident reported to police?
 Police Station Name
 Police Station Phone No
 Alt. Police Station Phone No
 Police Station Address
 Was notice of intended prosecution given?
 If yes, against whom?

Yes
 Tampines Neighbourhood Police Centre
 (Phone) +65-1825371000
 (Fax) +65-65871000
 1 Tampines Ave 4 Singapore 529002
 No

WITNESSES OF ACCIDENT

REFER TO SKETCH PLAN

WITNESS

Was accident photos available for witnesses?
 Were there any video captured by Car Camera?
 Were there any audio recorded?

Yes
 No
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant

01A3420K

Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Taxi
GOH TING HUI
S1811099Z
(Phone) +65-90218181

