CS3/ 21006128/Gvc

ASS. REC. BY: GL PRS

ASSIGNMENT

(-2024)

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Sin Hock Lee

of

Insured: GV 9904J

Policy No. DMCVSNW00005902106

Claims No. SNM21D202972/C02/GV9904J/TANCH

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: $19K

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 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: SMH 5/1996 Yr Regn: 03 Mar 2004

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Wish c.c 1797

Colour silver A/C: Insured / Std / NI / NA

Sp.Reading 387379 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDZRDW003002431

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65 R15

R: 11

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	21/5/21	D.O.I.	24-05-21

Survey held at W/S 12pm

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
	Rebate : 8781
	$4,000 - $5000
2/6/21	Submit PRS,repair range $4,000-$5,000

Date/Time, File Pass to?

1) : Preli. Report

: Final Report

Date/Time, File Return to?

2) 2/6/21-Typist

Report Format : PRS

Lump Sum / Update

Days Of Repair: 5

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

: Tech. Insp ($)

: Weekend ($)

Survey Fee:

Transportation: S + RS SI

Photos

Other:

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 witholding 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	24/05/2021 16:05 (SGT)
Date of Accident	21/05/2021 19:28 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Woodlands Street 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH5199G

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHL MOTOR PTE. LTD.
Company Reg No	201611814M
Email Address	SHLMOTORPTELTD@GMAIL.COM
Mobile Phone No	(Phone) +65-62826184
Alternative Phone No	+65-62826184

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

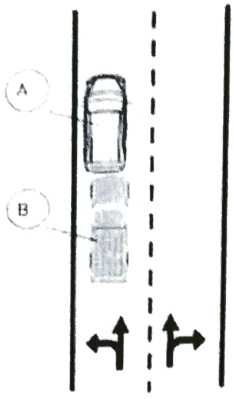
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5109792828-01-000032
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED MADZLAN BIN AHMAD SAID
NRIC No	S7045956F

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

SKETCH PLAN



Woodlands Street 12

Vehicle A: SMH5199G Vehicle B: GV9904J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary by the side of the road. Suddenly, vehicle B hit into the rear of my vehicle A

Declaration

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

24/05/21 / 15:53
Policyholder's Signature / Date & Time

24/05/21 / 15:53
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S0988325)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

[illegible]

Date: 21-08-2021
Time: 19:28 hrs

[illegible]

SKETCH PLAN

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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.
8. **Consent under the Personal Data Protection Act (PDPA)**

[illegible]

[illegible]