

ASS. REC. BY:

REF:

CS/SMR

21006613K vf3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: YQ 1839E

at Workshop m/s

of

Insured:

SG 1103T

Policy No.

Claims No.

BUS/05/21/1022

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value:

876k

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:

YQ 1839E

Yr Regn:

11, 19

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

Truck / Trailer or

Make:

MIT Canter

c.c.

2998

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading

94299

T/Radio:

Insured / Std / NI / NA

Eng/No:

EB

C/No:

12-21EA

30324

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/85R15

R:

(0)

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

TOYO/YOKO or

Front

R/Bal.

9

mm

Rear

R/Bal.

99

mm

L/Bal.

9

mm

L/Bal.

99

mm

D.O.A.

21/5/21

D.O.I.

15/6/2021

Survey held at

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

N/S FR

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

Date / Time

Action / Instruction

1 EST not ready

5/4/22

Kenneth informed LS \$3000 (red 7397.20, 71%)

Date/Time, File Pass to?

☐

Prell. Report

1)

☐

Final Report

Date/Time, File Return to?

2) 6/4/22-typist

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + R.S. \$

Fees

Others

TOTAL

Report Format: TP

Lump Sum / T.B.T: (\$ 3000)

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	24/05/2021 15:20 (SGT)
Date of Accident	21/05/2021 14:25 (SGT)
Exact Location of Accident	355 Sembawang Way, #02-02, Singapore 750355
Additional Location Information	ALONG SEMBAWANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1839E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JAK ENGINEERING & CONSTRUCTION PTE LTD
Company Reg No	2XXXXX478R
Email Address	VIJEMPLOY@GMAIL.COM
Mobile Phone No	(Phone) +65-93385063
Alternative Phone No	+65-93385063

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2500

INSURANCE COMPANY

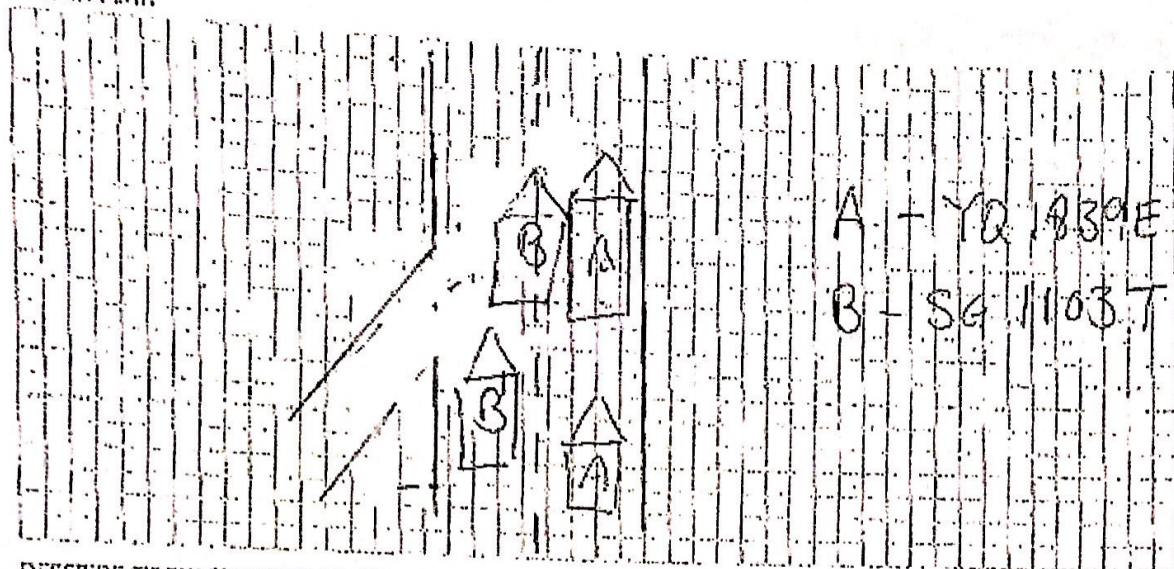
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5119556245
Cover Note Number	-

DRIVER

Name of Driver	RASHID MOHAMMED ABDUR
Passport No/FIN	GXXXX002P

 Accident report SM0P21500001

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attach Singapore Police report

Attach Scene photo-

DECLARATION

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

[Signature]

[Signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Insurer's Signature
Name:
NIC/FIN No.:

Insurance Policy No.:



SINGAPORE POLICE FORCE

Police Station Of Origin
Geylang N P C
1 Cassia Link SINGAPORE 397618
Tel No. 1800-8486999



T/20210521/2032

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Report No T/20210521/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made. 21/05/2021 14 25		Vide Report No		Station Diary No 29
Informant's Particulars				
Name of Informant RASHID MOHAMMED ABDUR		Address		
ID Type / ID No. FIN NO / G7238002P		Contact No.: Home/Office: Mobile 93385063		
Nationality BANGLADESHI		Email		
Sex. Male	Age: 46	Date of Birth 03/01/1975	Type of Informant. Driver	
Race Bangladeshi		Language English	Institution / School Name	
Occupation LIFT TECHNICIAN		Driving Licence Information. Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident	Non-Injury	Drink Drive No	Date/Time of Accident: 20/05/2021 22.30	Type of Location: Straight Road
Location SEMBAWANG WAY				
Weather. Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow	Traffic Control:	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG1103T	BUS					0
YQ1839E	Lorry				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved No	
No of Pedestrians Injured. NIL	Use of Pedestrian Crossing NA



**SINGAPORE
POLICE FORCE**



T/20210521/2032

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Report No T/20210521/2032

Police Station Of Origin
Geylang N P C
1 Cassia Link SINGAPORE 397618
Tel No 1800-8486999

CONTINUATION OF REPORT

Driver			
Name	RASHID MOHAMMED ABDUR	ID No	G7238002P
Related Vehicle	NIL	Contact No	93385063
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry. NIL
Date Treatment	NIL	Date Discharge	NIL
No of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20 05 2021 at about 2230hrs, I was driving my company lorry along Sembawang Way on the 1st lane. There is SBS Bus which came out from the left filter lane and had collided onto my said lorry. I then came out from the vehicle to make a check and notice that my left headlights cover came off. At that point of time no one is injured I have reported this matter to my company and they advise me to lodge a police report I wish to state that I did not take ~~turn~~ the particulars of the said bus driver.

[Signature]