ASS. REC. BY: REF: AGZ/	210073841KV
116 1167 6	SIGNMENT
From: Date:	Veh No: SBM 3185 Yr Regn: 12, 17
Estimated Cost:	Type: M.Cap/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD INP I WS I TP RES I OD RES I EVA / INV I MY	Truck / Trailer or
To Inspect Vehicle No:	Make: RA 11 12 000
at Workshop m/s Lim Tan	Colour White AC: Insured/Std/NI/NA
of	Sp.Reading 80493 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: WAUZZZZ 8 VOJY 03 2015
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inopder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inprder / Jammed / Leaked J Burnt or
Make of Veh:	Modi: NII / S/RIm / STQ A/Rim or
	Tyre Size: F: 205/55R18
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOIYOKO or Kumha
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. Z mm R/Bal. Z mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 4/7/21 D.O.I. 12/7/2021
Lum Sum: 1-3.1 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	Ols body
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Action / instruction	
Date/Time, File Pass to? : Prell. Report Davis	of Repair:
	Income No.
Duta/Time, File Return to?	
Add Fee:	: Site Insp (\$
	Interview (S
Report Format :	Tech Invs (\$
Lump Sum / I.B.I: (S	Ones
	Weekend (\$
· Park	IOTAL
	/

ESTIMATE TO REPAIR

VEHICLE NO. : SBM 318S

MODEL

: AUDI

: AS SEDAN 1.0 TFSI S TRONIC(LED)

YEAR : 2017

CHASSIS NO : WAUZZZSVOJ1032019

SURVEYOR NAME : DATE OF SURVEY TIME OF SURVEY

DATE

: 26-Jun-21

DATE OF ACCIDEN: 04-Jul-21

THIRD PARTY REF: SJN 3337S/BUDGET DIRECT

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THE RESERVE TO SHARE WELL AND ADDRESS.	0.	Parts Description/	Labour	Tuna	Illmia Delas	1-11 71		-
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Blk 176 Sin Ming Drive #03-09 Sin Ming Autocare Singapore 575721

Tel:65-64520893 Fax:65-64589127 Co.Reg No.199307277D

Email: edmund@LTM.sg

Website : www.LTM.sg

Co.Reg No.1993072770

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.

 The Export correctly the details of the accident to speed up the claims process. 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 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.

 2. Any false provides

- 5. Any false reporting may be referred to the Police for Investigation.

 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

Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

05/07/2021 15:28 (SGT)

04/07/2021 11:00 (SGT)

Near 487C Tampines Street 45, Singapore 522487

ALONG TAMPINES STREET 45

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SBM318S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address**

Mobile Phone No

Alternative Phone No

No

DEEN SHAHUL

SXXXX613G

Babashim79@gmail.com

(Phone) +65-96232222

+65-96232222

VEHICLE PARTICULARS

Manufacturer

Model

Audi

A3

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

1000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number Cover Note Number NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5096913900-03

DRIVER

Name of Driver **NRIC No**

MOHAMED HASHIM BIN SHAHUL HAMID SXXXX089H



Accident report SL0V21750001

Page 1 of 21

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