

ASS. REC. BY:

REF:

AG2/ 2100738411cv

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

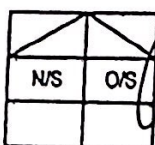
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

06

days

Res.: Yes or No

Lum Sum:

1.31

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SBM 3185

Yr Regn:

12, 17

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

Truck / Trailer or

Make:

Audi

A3

c.c

999

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

80493

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

W4U 3338 VOT 03 2019

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/55R16

R:

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

4/7/21

D.O.I.

12/7/2021

Survey held at

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

O/S body

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

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 05/07/2021 15:28 (SGT)  
Date of Accident 04/07/2021 11:00 (SGT)  
Exact Location of Accident Near 487C Tampines Street 45, Singapore 522487  
Additional Location Information ALONG TAMPINES STREET 45  
Country/State of Loss Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SBM318S  
INSURED/POLICYHOLDER  
Is company? No  
Name Of Registered Owner DEEN SHAHUL  
NRIC No SXXXX613G  
Email Address Babashim79@gmail.com  
Mobile Phone No (Phone) +65-96232222  
Alternative Phone No +65-96232222

### VEHICLE PARTICULARS

Manufacturer Audi  
Model A3  
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 1000

### INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd  
Type of Coverage Comprehensive  
Fleet Policy No  
Policy Number 5096913900-03  
Cover Note Number -

### DRIVER

Name of Driver MOHAMED HASHIM BIN SHAHUL HAMID  
NRIC No SXXXX089H



# SKETCH PLAN

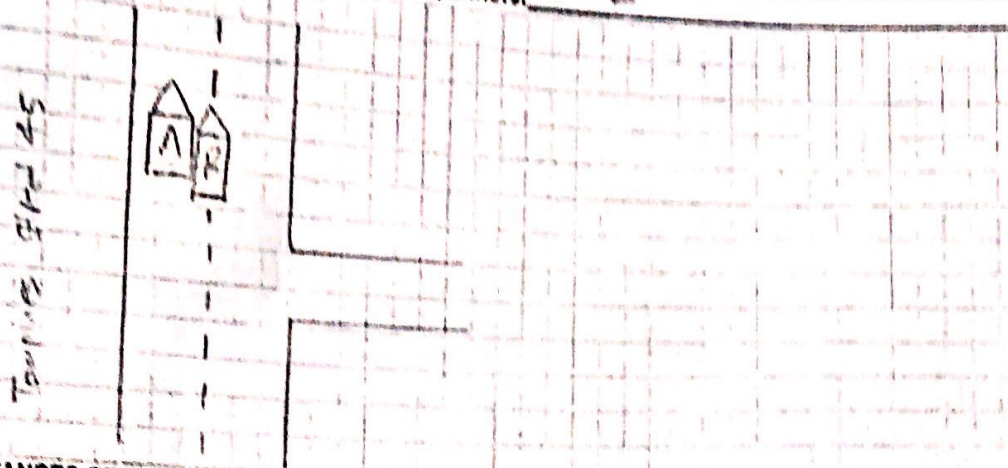
Date & Time of Accident: 4/7/21

Veh A: 3185

Veh B: 33373

Location: Along Tampines Street 45

Veh C/Others:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Tampines Street 45.

At about 11am on 4/7/21, while I was travelling suddenly a car from my right clashed into my vehicle.

☐ Own Damage Claim at Lim Tan Motor ☒ TP Claim at Lim Tan Motor  
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : \_\_\_\_\_

My/Our email : \_\_\_\_\_

### DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature  
 (If driver is not the policyholder) Date & Time: 5/7/21

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: 07637

GLIARIC Sketch Plan Form\_V3

3pm