

ASS. REC. BY:

REF:

AG2/ 2100738411cv f3

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: SJN 3337S

Policy No.

Claims No. C10010745/JM

Sum Insured:

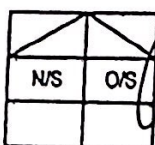
Excess:

(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 318S

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:

WATU 3338 VOT 03 2019

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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

1/9/21

Final fig \$5943.84 confirmed by email (Red 2640.71, 30%)

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2) 1/9/21-Typist

Days Of Repair: 6

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS. \$

Fees:

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Report Format: TP

Lump Sum / I.B.I: (\$ 5943.84



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

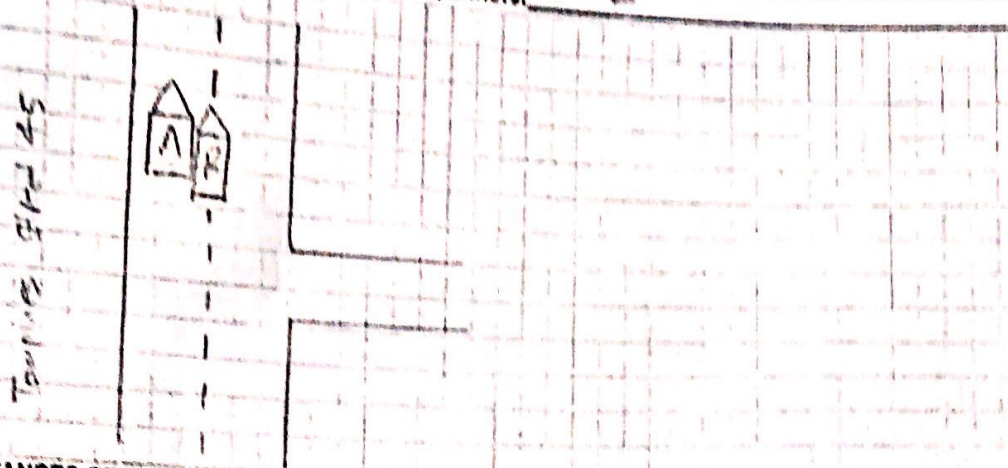
Date & Time of Accident: 4/7/21

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
 3pm

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: 07637