

ASS. REC. BY:

REF:

C72/210074661K9C

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. SNM21D203750/C02

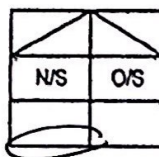
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(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 Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 03 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: SJT 4077D Yr Regn: 10, 09

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

Truck / Trailer or <sup>SA</sup> Wagon

Make: Volkswagen Tiguan c.c. 1984

Colour: M-Black AC: Insured / Std / NI / NA

Sp. Reading: 263686 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WVG 222 5N 7A W009985

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD / Rlm or

Tyre Size: Goodride 215/65R16

R: Nil

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 8 mm

L/Bal. 7 mm

L/Bal. 8 mm

D.O.A. 3/7/21

D.O.I. 12/7/2021

Survey held at

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

Rear N/S

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

Date / Time Action / Instruction

13/07/21 @ 12.19pm Informed Cecilia Lee, we are pending for estimate from repairer.

14/10/21 @ 2.45pm revised to Cecilia Lee via Merimen.

Kenneth confirmed LS \$1600 (Red \$1304, 45%)

Date/Time, File Pass to?

☐: Prel. Report

1) 14/10 Typist

☐: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trlp: 1

Survey Fee:

Transportation:

S + RS \$

Fees

Others

Add Fee:

☐: Site Insp (\$☐: Interview (\$☐: Tech Invs (\$☐: Weekend (\$

Report Format:

MER-TP

Lump Sum / I.B.H. (\$

1600

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 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 18:15 (SGT)  
Date of Accident ..... 03/07/2021 12:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... STEVENS RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJT4077D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... RODERICK JASON STROTHER  
NRIC No ..... SXXXX692F  
Email Address ..... rodstrother@yahoo.com  
Mobile Phone No ..... (Phone) +65-97103836  
Alternative Phone No ..... +65-97103836

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Tiguan  
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 ..... 2000

### INSURANCE COMPANY

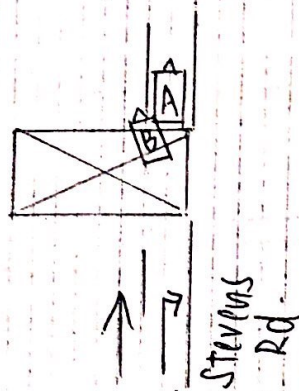
Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5113053209-01 DC  
Cover Note Number ..... 07/10/2020 - 06/10/2021

### DRIVER

Name of Driver ..... RODERICK JASON STROTHER  
NRIC No ..... SXXXX692F



# Sketch Plan



A: SJT4077D  
(w/ 1 passenger:  
Jo Anne Tan - F)

B: SLO411R  
Irfan Shah Bin Muhammad  
Nazir (Hp: 89223499)  
SQ1217612

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SJT4077D (NTUC)  
Date & Time: 03/07/21 @ 1230 (clear day)

I follow front vehicles to stop before the junction. Approx. 5 seconds later, felt a sudden impact and realised motor car SLO411R had hit onto the rear LH portion of my stationary car. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: (AMK)

( ) Claim Own Policy ( / ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )