

ASS. REC. BY:

Steve

REF

CS3/CTI21007571/Etc

CS/CTI21007571/Etc

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

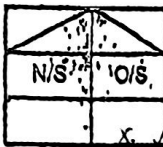
Excess:

(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

SIA / PR Seant:

Consistent? : Yes or No

Est. Repaire:

days

Res.: Yes or No

Cum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SFU 5822E

Yr Regn:

4/2/20

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

Truck / Trailer or

Make:

Toyota Sienna

c.c

1496

Colour:

Blue

A/C:

Insured / Std / NI / N

Sp. Reading

63668

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

NHPI 1071 88467

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brakes: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

185/60R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

\$

mm

R/Bal.

\$

mm

L/Bal.

\$

mm

L/Bal.

\$

mm

D.O.A.

11/7/21

D.O.A.

13/7/21

Survey held at

William Lee

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

Rear RM.

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

Date / Time

Action / Instruction

MV-92K

* waiting estimate

unconfirm \$6650, 10DAYS

RED:22056.19;76%

Time/Time, File, Pass to:

☐

: Prel. Report

☐

: Final Report

Time/Time, File Return to:

Days Of Repair:

10

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS \$

Phone

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Inve (\$

☐

: Weekend (\$

Time/Time, File Return to:

Time/Time, File Return to:

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	12/07/2021 10:53 (SGT)
Date of Accident	11/07/2021 11:48 (SGT)
Exact Location of Accident	Choa Chu Kang Rd, Singapore
Additional Location Information	TOWARDS PHOENIX ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU5822E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO TECK LEE JULIAN
NRIC No	SXXXX903J
Email Address	TEOTECKLEE@GMAIL.COM
Mobile Phone No	(Phone) +65-92261551
Alternative Phone No	+65-92261551

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115866973-01
Cover Note Number	-

DRIVER

Name of Driver	TEO TECK LEE JULIAN
NRIC No	SXXXX903J

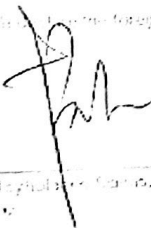
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

I WAS TRAVELLING
STRAIGHT ALONG
CHOA CHU KANG ROAD,
BEFORE REACHING
THE PHOENIX ROAD,
I SLOWED DOWN TO
GIVE WAY FOR THE
PUBLIC BUS TO EXIT
FROM THE BUS STOP.
MOMENT LATER (WHEN
I WAS STATIONARY)
VEHICLE B HIT
THE REAR OF MY CAR

Declaration

I declare that the foregoing particulars are true in every respect



Witness Signature (Name, Date & Time)

Driver's Signature (Name, Date & Time)

Witness Signature (Name, Date & Time)



Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender

Mobile Number
Alt. Phone Number
Email Address

Address
Address complement
Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

01/05/1964

Outdoor

26/06/1982

39 YEARS AND 1 MONTH

Male

(Phone) +65-92261551

+65-92261551

TEOTECKLEE@GMAIL.COM

BLK 351 CHOA CHU KANG CENTRAL # 14-351

-

680351

Yes

-

No

-

-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions

Road Surface

Collision - Head to Rear

Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No

2

No

-

Yes

3

No

PASSENGER 1

Name

Gender

PASSENGER

Female

PASSENGER 2

Name

Gender

PASSENGER

Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number

Vehicle Manufacturer

GBC9583K

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