

ASS. REC. BY:

REF: MSG/210077181kg

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Heg Yag Leng

of _____

Insured: _____

Policy No. 30001622309

Claims No. 260004

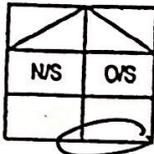
Sum Insured: _____ Excess: _____

(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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 9 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: SMW 54264 Yr Regn: 11, 20

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

Truck / Trailer or Wagon

Make: Toy Voxy c.c. 1797

Colour: Dr. Silver A/C: Insured / Std / NI / NA

Sp. Reading: 24480 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR80 0448784

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 13/7/21 D.O.I. 16/7/2021

Survey held at _____

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

Rear O/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Est not ready</u>
22/07/21 @ 9.35am	Informed Fievel Foo, we are pending for estimate from repairer.
27/10/21 @ 10.45am	Email Fievel Foo to seek mandate at LS \$2950, 4 days.
28/10/21 @ 11.52am	Fievel informed mandate approval by email.
18/11/21	confirmed with Mr Chong LS \$2950, 4 days. (Red \$14676.14, 80%)

Date/Time, File Pass to? : Prell. Report

11/18/11 Typist : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation: _____
S - RS _____

FINES

Others

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format : MER-TP

Lump Sum T.T.B.T. (\$) 2950

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	14/07/2021 16:27 (SGT)
Date of Accident	13/07/2021 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG CONNAUGHT DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW5426Y

INSURED POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ZOOMTRADE PTE. LTD
Company Reg No	2XXXXX589E
Email Address	andrew@cosmoautomobiles.com.sg
Mobile Phone No	(Phone) +65-90990920
Alternative Phone No	+65-90990920

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	VOXY HYBRID 7-SEATER 1.8X CVT
Variation	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5119547139
Cover Note Number	-

DRIVER

Name of Driver	SATHIANANTHEN RASALINGAM
NRIC No	SXXXX601B

Accident report SF0F217E0002

Date Of Birth	14/02/1965
Occupation	Outdoor
Date Of Driving Pass	05/07/1985
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-94224696
Alt. Phone Number	-
Email Address	jing047.sr@gmail.com
Address	BLK 434A FERNSVALE ROAD #06-250
Address complement	-
Postcode	791434
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCN5722B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR TEO
Contact Number	(Phone) +65-91558221

Available information of the accident

I was travelling along Comaught. d. Hwy. to the
pick up of passengers. It was slightly after 2.2 pm
I stopped at the roundabout to allow the
oncoming car from the roundabout to pass
safely. The vehicle SN 57228 was the
one that hit me.

Date: 15/01/2009
Time: about 14:50 hrs

MT Reg
Mobile - 9558221

Signature: [Handwritten Signature]

Declaration

We declare the contents of this report are true in every respect



Signature of Driver

[Handwritten Signature]

Signature of Driver and other persons involved

Signature of Investigator