ASS. REC. BY: Tanjith | CS3 | CT1210078355 | TIVC.

ASSIGNMENT

CoE 2021 Aug-2006, Oct

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJQ 6904U

Policy No. DMPCSNW00087432100

Claims No. SNM21D203933/C02/TANCHC

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $3000

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGM3090T Yr Regn: 2006, Oct

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Civic 1.8 c.c 1799

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

Sp.Reading 290870 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JHMFD26068S212588

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/55R16L

R: ~ "

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	14/7/21	D.O.I.	22/7/21

Survey held at Paul Hue

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

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

Date / Time	Action / Instruction
	Repair Range $2000 - $4000, 5 days
26/7/21	Submit PRS,repair rane $2,000-$4,000

Date/Time, File Pass to? 1) _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 2) 26/7/21-Typist

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Invs ($ _____) ☐ : Weekend ($ _____)

Report Format : _____

Lump Sum / I.B.I: ($ _____)

Survey Fee:	
Transportation:	
___S + RS.___SI	
Photos	
Others	
TOTAL	

SS1Y217F0006 / SME MOTOR PTE LTD
ENTRY DATE & TIME: 15/07/2021 13:51 (SGT)
SUBMITTED BY: Chia Pei Ying
VERSION: 1 (15/07/2021 13:51 (SGT))

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 witholding 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	15/07/2021 13:51 (SGT)
Date of Accident	14/07/2021 17:30 (SGT)
Exact Location of Accident	Jln Ismail, Singapore
Additional Location Information	LOR SALLEH JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM3090T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PAUL HOE BATTERIES & MOTOR SERVICES
Company Reg No	5XXXX652W
Email Address	soon1729@gmail.com
Mobile Phone No	(Phone) +65-67419686
Alternative Phone No	(Office) +65-67419686

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1796

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5122491011
Cover Note Number	-

DRIVER

Name of Driver	SYED IBRAHIM SHAIK MOHIDEEN
NRIC No	SXXXX918B

Date Of Birth	06/02/1972
Occupation	Indoor
Date Of Driving Pass	08/11/2003
Driving experience	17 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91013577
Alt. Phone Number	-
Email Address	smdeen72@yahoo.com
Address	BLK 14 EUNOS CRESCENT #10-2809
Address complement	-
Postcode	400014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SJN7514X
Insurance Company of Other Vehicle Owned by Driver	Sompo Insurance Singapore Pte. Ltd.

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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

ON 14/07/2021 AROUND 5.30PM, I WAS DRIVING ALONG JALAN ISMAIL GOING TO TURN LEFT TO LOR SALLEH. OUT OF SUDDEN, A VEHICLE (SJQ6904U) OVERTAKE MY VEHICLE AND HIT ONTO MY VEHICLE.

ATTACHMENT(S)

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

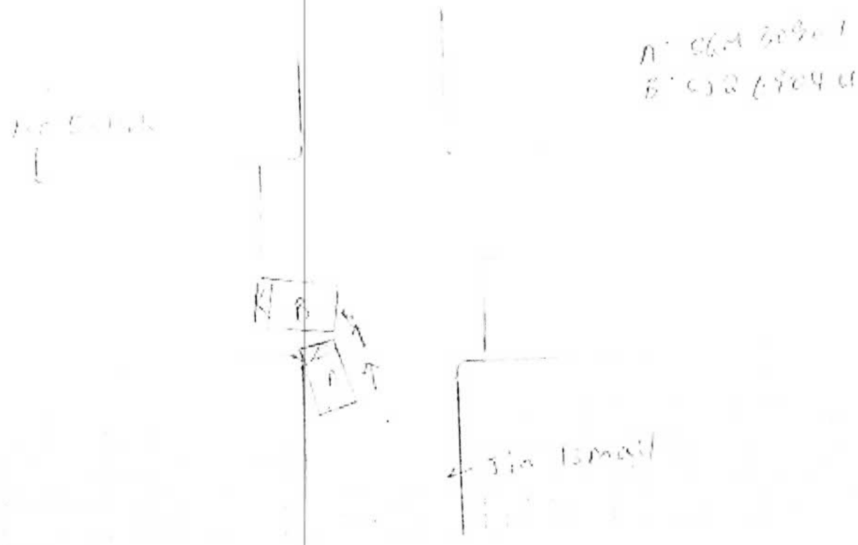
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ6904U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SKETCH PLAN #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/07/21 at around 5.30pm I was driving along Jln Ismail going to turn left to Lor Salleh, but suddenly a vehicle (SJA [illegible]) overtake my vehicle and hit on my vehicle

[illegible] Batteries & Motor Service [illegible]