

ASS. REC. BY: **ADRIAN**

REF: **CS/MSG21008179/AGuf3**

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: **SLR 1351T**
 at Workshop m/s **MODERN AUTOMOTIVE**
 of _____
 Insured: **SLF 390A**
 Policy No. **1001152370**
 Claims No. **260725**
 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: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: **3** days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SLR1351T** Yr Regn: **2017, August**
 Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Opel Astra** C.C. **999**
 Colour: **Grey** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **61807** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **WOLBE8EA3H8057878**
 Gen. Cond: ☒ Good / Fair / Poor / Burnt
 Steering: ☒ Inorder / Jammed / Leaked / Burnt or _____
 Brake: ☒ Inorder / Jammed / Leaked / Burnt or _____
 Modi: **Nil / S/Rim / STD A/Rim or** _____
 Tyre Size: F: **225/45R17**
 R: **225/45R17**

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

Front		Rear	
R/Bal. 06 mm		R/Bal. 06 mm	
L/Bal. 06 mm		L/Bal. 06 mm	
D.O.A. _____		D.O.I. 10/08/21	

Survey held at **Modern**
 Des. of Damages: **Frt / Rear / O/S / N/S / U/C / Rooftop or**
Rees of

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

Date / Time	Action / Instruction
	TP MSG
	Confirmed P/P \$2955.20, 3 repair days.
	(RED \$1370.10; 32%)
	MV:
	PV:
	Nett:
	5331

Date/Time, File Pass to? ☐ : Preli. Report

1) **27/9 TYPIST**

Date/Time, File Return to?

2)

Days Of Repair: **3**

Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

3 + RS \$

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Report Format: **TP**

\$2955.20

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	02/08/2021 16:33 (SGT)
Date of Accident	02/08/2021 13:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BARTLEY RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1351T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHUA CHER HIM
NRIC No	S7329510F
Email Address	CHERHIM@GMAIL.COM
Mobile Phone No	(Phone) +65-96790046
Alternative Phone No	+65-96790046

VEHICLE PARTICULARS

Manufacturer	Opel
Model	ASTRA ST
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	5122762391
Cover Note Number	-

DRIVER

Name of Driver	CHUA CHER HIM
NRIC No	S7329510F

Date Of Birth	19/07/1973
Occupation	Indoor
Date Of Driving Pass	05/03/1993
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96790046
Alt. Phone Number	+65-96790046
Email Address	CHERHIM@GMAIL.COM
Address	BLK 27 MARINE CRESCENT #13-07
Address complement	-
Postcode	440027
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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

REFER TO SKETCH PLAN

ATTACHMENT(S)

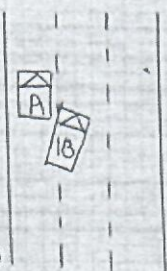
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF390A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHARLES TAN BOON HUAT
NRIC No	S6808895Z
Contact Number	(Phone) +65-90129788
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN



A-SLR13517
B-SLF390A

BARTLEY RD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was parked stationary. Suddenly I felt a impact.
Vehicle B hit onto my right rear.

DECLARATION
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 02/08/2021
1630hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: HENRY
NRIC/ID No: 9492277