

ASS. REG. BY:

REF:

ASN/ 210085641K<sub>qc</sub>

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

CO. TP / INS / IP RES / CO. RES / EVA / INV / MY

To inspect Vehicle No: \_\_\_\_\_

at Workshop no: \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: S1M03FOM

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

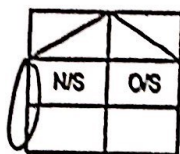
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: 869K

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

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

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SME. 6767B Yr Regn: 10. 18Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Kia Cerato c.c. 1591Colour: Black A/C: Insured / Std / NI / NASp. Reading: 140734 T/Radio: Insured / Std / NI / NA

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

C/No: KNAF3416mk 5017188Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / SRIM / STD A/Rim orTyre Size: F: 225/40ZR18

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 13/8/21D.O.I. 17/8/2021

Survey held at \_\_\_\_\_

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

N/S body

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

Date / Time Action / Instruction

1 Est not ready

18/08/21 @4pm Informed Kitty Teo, we are pending for estimate from repairer.

26/08/21 @4.28pm revised to Kitty Teo via Smart Claims.

Kenneth confirmed LS \$3850 (Red \$3926, 50%)

Date/Time, File Pass to?

☐

: Prel. Report

1) 06/09 Typist

☐

: Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: 6Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

\$ - RS. \$

Fines

Others

TOTAL

Report Format: SMART CLAIMS - TP

Lump Sum LLB: (\$ 3850)

## 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	14/08/2021 16:52 (SGT)
Date of Accident	13/08/2021 18:45 (SGT)
Exact Location of Accident	Cross St, Singapore
Additional Location Information	Chinatown - Cross Street towards CTE (few metre after China Street)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SME6767B

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Chan Ying Nee Patricia
NRIC No	S6907709I
Email Address	clementwai1206@gmail.com
Mobile Phone No	(Phone) +65-81897608
Alternative Phone No	(Home) +65-81897608

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1599

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0005967
Cover Note Number	-

#### DRIVER

Name of Driver



## Describe Circumstances of the Accident

Travel along 1801 St. Change lane from lane 2 to lane 1 after traffic light. Some  
before after traffic reaction. Taxi (SIL 3165) was changing lane from lane 3 to  
lane 2 and while vehicle is not straight in lane 2 and change lane again to lane  
1 and not on my vehicle left side (front door - rear bumper).

## Declaration

We declare the foregoing particulars are true in every respect.