

ASS. REC. BY:

REF: AlG/ 2100-8863/Kuf3
CS/

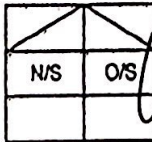
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: SJC 3765Y
 at Workshop m/s EM
 of _____
 Insured: SJU 9886Y
 Policy No. 1900094223
 Claims No. 9014395256SG
 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: 12K
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 06 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 02/23 Person Contacted: _____

Vehicle: IN / OUT

Veh No: PTC 3765Y Yr Regn: 02, 08
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy Vios E c.c. 1497
 Colour: M.Red A/C: Insured / Std / NI / NA
 Sp. Reading: 204879 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: NR05314Y930 5047851
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rlm / STD A/Rlm or _____
 Tyre Size: F: 185/60R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. 9 mm R/Bal. 9 mm
 L/Bal. 9 mm L/Bal. 9 mm
 D.O.A. 19/8/21 D.O.I. 24/8/2021
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>EM not ready, LTA Refund 86222-00</u>
	Confirmed final fig L/S \$4300, 6 repair days.
	(RED \$9955.93: 70%)

Date/Time, File Pass to? ☐ : Prell. Report1) 27/8 TYPIST ☐ : Final Report

Date/Time, File Return to?

2)

Report Format: TP
 Lump Sum / T.B. (\$) 4300

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

Survey Fee:

Transportation:

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

S + RS. \$ _____

Fees

Others

TOTAL

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	19/08/2021 17:45 (SGT)
Date of Accident	19/08/2021 07:30 (SGT)
Exact Location of Accident	Commonwealth Ave W, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC3765Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Rosita Binte Abu Bakar
NRIC No	S7811041D
Email Address	yasha@live.com.sg
Mobile Phone No	(Phone) +65-92706064
Alternative Phone No	+65-93382814

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1496

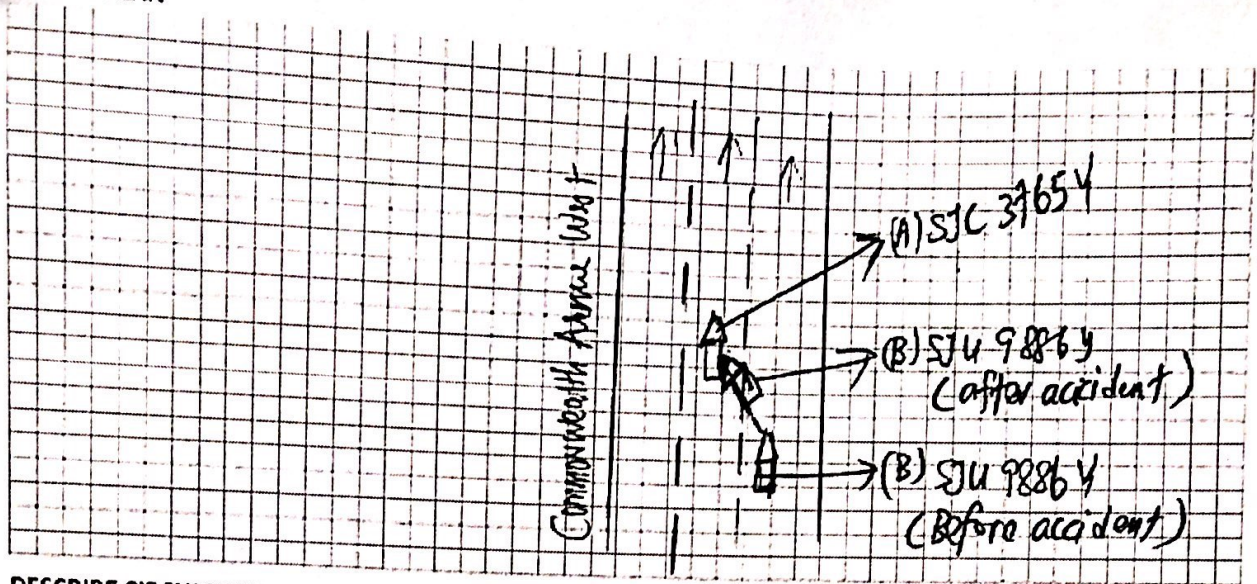
INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D21MTPV01011293
Cover Note Number	-

DRIVER

Name of Driver	Mohammad Raihan Bin Abu Bakar
NRIC No	S7933332H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report ATTACHED


Report No: T/20210819/2025


(Driver with 7 days MC)

T/Party claim at EM Solution PTE LTD

DECLARATION

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


 Policyholder's Signature
 Date & Time: 19 AUG 2021


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


 Reporting Centre Personnel's Signature
 Name: Angie Soh
 NRIC/FIN No.: