

ASS. REC. BY:

REF:

ETC / 21009170 HK VC

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured: SJL 9146Y

Policy No. DMPCSNW00187292000

Claims No. SNM21D204853/C02/TANKL

Sum Insured:

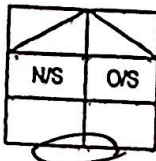
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

09 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:

SBN 6888 T

Yr Regn:

05, 13

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

Truck / Trailer or

Weapon

Make:

Toy Erring

c.c

2362

Colour:

M-Blue

AQ:

Insured / Std / NI / NA

Sp. Reading

116689

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ACR 50

7116529

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

235/52R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

27/8/21

D.O.I.

11/10/2021

Survey held at

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

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

Date / Time

Action / Instruction

1 / ESH not ready

22/2/22

Kenneth informed LS \$2600 (red 957.50, 27%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 23/2/22-typist

Days Of Repair:

4

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format : Merimen

Lump Sum / L.B.I: (\$ 2600

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 30/08/2021 14:07 (SGT)
Date of Accident 27/08/2021 19:12 (SGT)
Exact Location of Accident Singapore
Additional Location Information UPPER THOMSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBN6888T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YONG POH LING (YANG BAOLING)
NRIC No SXXXX797E
Email Address cherie.xiuja@gmail.com
Mobile Phone No (Phone) +65-96354539
Alternative Phone No +65-96354539

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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 2362

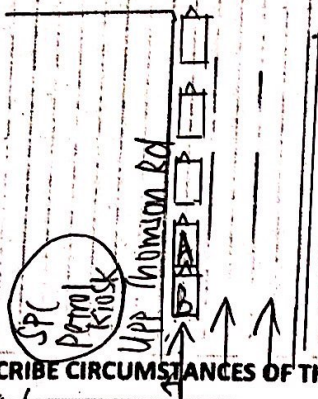
INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00087142100
Cover Note Number 10/05/2021 - 09/05/2022

DRIVER

Name of Driver YONG POH LING (YANG BAOLING)
NRIC No SXXXX797E

Sketch Plan



A: SBN 68887
(w 4 passengers)
B: SJL 9146Y
Zhi Ren
SXXX 6617C
Hp: 96773647

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SBN 68887 (chm)
Date & Time: 27/08/2021 @ 1912 (clearing)

I follow front vehicles to stop, motor car SJL 9146Y came from behind and hit onto the back of my stopped vehicle. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()