

ASS. REC. BY:

REF: C12/210097081K.

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

of _____

Insured: _____

Policy No. _____

Claims No. _____

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: 4-5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SCY 88986 Yr Regn: 09, 13

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

Truck / Trailer or _____

Make: Toy Axi c.c. 1496Colour: M. Silver AC: Insured / Std / NI / NASp. Reading: 178418 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NZE161 7121969Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim orTyre Size: F: Rm 195/65R15

R: _____

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

TOYO / YOKO or Habibead

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 6 mmL/Bal. 7 mm L/Bal. 4 mmD.O.A. 11/9/21 D.O.I. 11/11/2021

Survey held at _____

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

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

Date / Time	Action / Instruction
<u>1</u>	<u>EST NOT ready</u>

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS - SI

Fares

Others

TOTAL

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

Report Format :

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

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 13/09/2021 18:06 (SGT)
Date of Accident 11/09/2021 10:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF KAKI BUKIT AVE 1/ JLN TENAGA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCY8898G
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner CHONG SER NGIAM
NRIC No SXXXX664I
Email Address davidchong8898@gmail.com
Mobile Phone No (Phone) +65-90258683
Alternative Phone No +65-90258683

VEHICLE PARTICULARS

Manufacturer Toyota
Model COROLLA AXIO 1.5G
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 Manual
CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5074265496-05
Cover Note Number 30/9/20-29/9/21

DRIVER

Name of Driver JASON CHONG DE YONG
NRIC No SXXXX749I

 Accident report SC1G219D000A

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Sketch Plan

Kaki Bukit R3

Jln Tenaga →

←

A- SKY8898G

B- SMK 2034C

hp- 9781 0232

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 11/9/21 Time: 10:35 am

My vehicle was stationary as we are waiting for the green arrow to appear before turning into Jln Tenaga. Out of sudden, felt an impact on the rear and realized m/car (B) had hit onto the back of my vehicle.

* Purpose of usage: Tuition use

Note: Please note that your insurer may have 14 days 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: *Adrian*
NRIC/FIN No.:

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

13/9/21