ASS. REC. BY: Kenneth

REF: C11 / 210·0970 8 lk VC

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Chuy Hoe

of _____

Insured: SMK 2034C

Policy No. DMHCSNA00005442101

Claims No. SNM21D205169/C02/SMK2034C/CHEE

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4-5 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: SCY 8898G Yr Regn: 09, 15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (M)

Make: Toy Axio c.c 1496

Colour M. Silver A/C: Insured / Std / NI / NA

Sp.Reading 178418 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NZE161 7121969

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: Dun 195/65R15

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	6 mm
L/Bal.	7 mm	L/Bal.	6 mm
D.O.A.	11/9/21	D.O.I.	11/11/2021

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
/	Est not ready
1/12/21	Kenneth confirmed LS $1750 (Red 655, 27%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 1/12/21-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + RS ___ SI

Parking _____

Others _____

TOTAL _____

Report Format : Merimen

Lump Sum / ~~I.B.I~~: ($ 1750

BY: CHIONG BENG CHOON
(13/09/2021 18:06 (SGT))

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 witholding 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

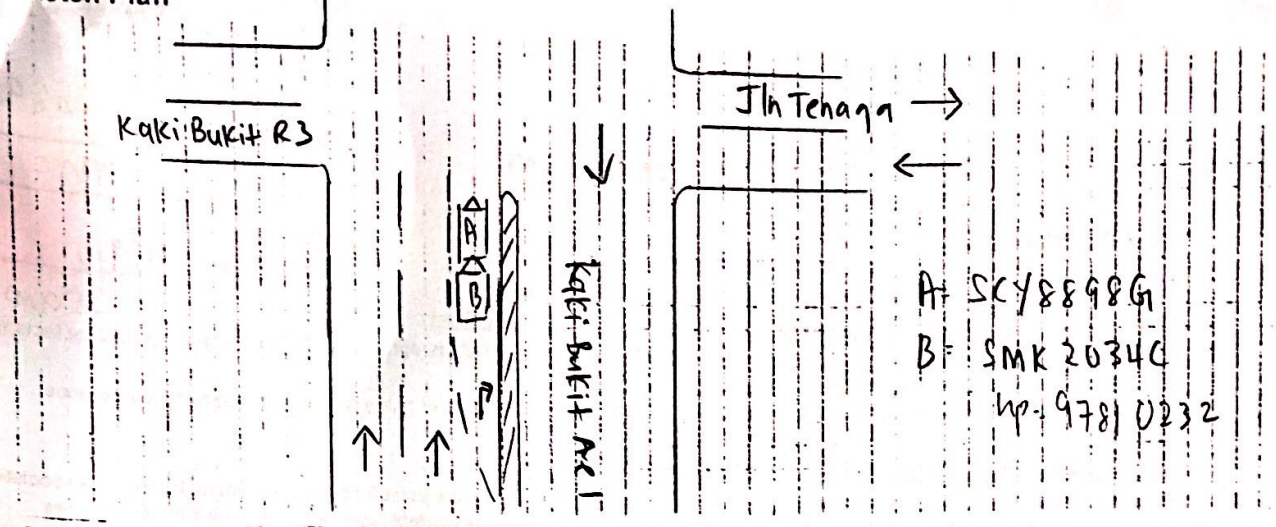
INSURANCE COMPANY

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

Sketch Plan



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 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:

13/9/21

Reporting Centre Personnel's Signature
Name: Edeedan (CMS)
NRIC/FIN No.:

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

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