

ASS. REC. BY:

REF:

C72/210099281K

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:

Policy No.

Claims No.

Sum Insured:

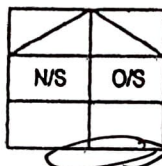
Excess:

(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:

03

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:

GBF 94334

Yr Regn:

04, 17

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

Truck / Trailer or

Make:

Toy Dyna

c.c

2882

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

194632

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

K0Y231 . 8028002

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S / Rim / STD A / Rim or

Tyre Size:

F: Conda

195 R15 X 8

R: Triang

155 R12 X 800

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

9 9

mm

L/Bal.

7

mm

L/Bal.

9 9

mm

D.O.A.

20/9/21

D.O.I.

10/1/2022

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

/

Est NOT ready

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

2)

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fixes

Others

TOTAL

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	22/09/2021 17:03 (SGT)
Date of Accident	20/09/2021 14:28 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BUKIT BATOK TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF9433U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EVERGREEN 96 DESIGN CONSTRUCTION PTE LTD
Company Reg No	2XXXXX237H
Email Address	admin.aact@evergreen96design.com
Mobile Phone No	(Phone) +65-81579893
Alternative Phone No	+65-81579893

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5108213195-02
Cover Note Number	-

DRIVER

Name of Driver	SELVAM SIVAKUMAR
Work Permit No	GXXXX366Q

Describe Circumstances of the Accident

on 24/01/2021 at about 11:30 PM while driving my 5th car
at a high speed road to the 1st roundabout. I was
that road is about 2 lanes in driving and I was to
going to change the road at the time my friend
was driving with me.

Suddenly the car came from a left
and I was in the wrong side of the road and I was
in the wrong lane.

My car was in the wrong lane.

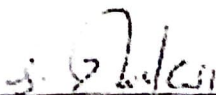
The driver of the car came down from his
vehicle so I am unable to get any further
and the driver of the car was in the wrong lane and I was
in the wrong lane.

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature/Date &
True



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



Witnessed by Reporting Centre
Personnel