

ASS. REC. BY:

REF:

AIG / 21010396 / Kv f3

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No:

at Workshop m/s

of

Insured: SLH 9540P

Policy No. 2100490949

Claims No. 9030812655SG

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<sup>10</sup> 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:

STT 3160C

Yr Regn:

06, 09

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

Truck / Trailer or

SA

Make:

Lexus

15250

c.c.

2500

Colour:

m Black

A/C:

Insured / Std / NI / NA

Sp. Reading:

158300

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JT1HBK 282505 099598

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/45R17

R:

245/45R17

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

TOYO / YOKO or

Front

Rear

R/Bal.

P mm

R/Bal.

P mm

L/Bal.

P mm

L/Bal.

P mm

D.O.A.

7/10/21

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

/

EPI not ready

8/11/21

Kenneth confirmed LS \$9500 (Red 10,948.49, 53%)

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2) 9/11/21-typist

Days Of Repair: 10

Resurvey No. of Trip: 1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Report Format: Merimen

Lump Sum / L.B.I: (\$ 9500



## 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 ..... 07/10/2021 17:46 (SGT)  
Date of Accident ..... 07/10/2021 13:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... STILL ROAD TOWARDS ECP BEFORE JOO CHIAT PLACE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJT3160C

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN YAN CONG  
NRIC No ..... S8820632J  
Email Address ..... YANCONG.TAN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91874983  
Alternative Phone No ..... +65-91874983

#### VEHICLE PARTICULARS

Manufacturer ..... Lexus  
Model ..... Is250  
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 ..... 2500

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5106725076-02  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAN YAN CONG  
NRIC No ..... S8820632J



# SKETCH PLAN

A-SJT3160C

B-SLH9540P

JOO  
CHIAT  
PLACE

A  
B

Still road towards  
ECP

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7th October 2021 at around 1-2pm, I was driving my car along Still Road. Nearing the intersection of Still Road and Joo Chiat Place, I slowed down my car as the traffic light was turning red.

A Subaru Forester was driving behind me. Shortly after, the Subaru Forester rammed into the rear of my car.

## DECLARATION

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

Policyholder's Signature

Date & Time: 07/10/21  
1700110

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: SHAN

NRIC/FIN No.: S990349