

ASS. REC. BY:

REF:

C72/210105471KV

Kenneth

## 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:

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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

08 days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

EE 888J

Yr Regn:

12, 18

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

Truck / Trailer or

Make:

Audi A8

c.c

2995

Colour

M. Brown

A/C:

Insured / Std / NI / NA

Sp. Reading

71797

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WAU 888F 83KN 006344

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:

275/358R21

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

9/10/21

D.O.I.

14/10/2021

Survey held at

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

O/S / Frt &amp; U/C

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Report Format :

Lump Sum / I.B.I. (\$) 1



## 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	12/10/2021 12:00 (SGT)
Date of Accident	09/10/2021 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SCOTTS ROAD BEFORE NEWTON CIRCUS
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

EZ888J

#### INSURED/POLICYHOLDER

Is company?

Yes

Name Of Registered Owner

SAFE2TRAVEL PTE LTD

Company Reg No

200003048E

Email Address

FUNGSTEVE@HOTMAIL.COM

Mobile Phone No

(Phone) +65-81687396

Alternative Phone No

+65-81687396

#### VEHICLE PARTICULARS

Manufacturer

Audi

Model

A8

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

3000

#### INSURANCE COMPANY

Name of Insurance Company

NTUC Income Insurance Co-operative Ltd

Type of Coverage

Comprehensive

Fleet Policy

No

Policy Number

5114693010-01

Cover Note Number

-

#### DRIVER

Name of Driver

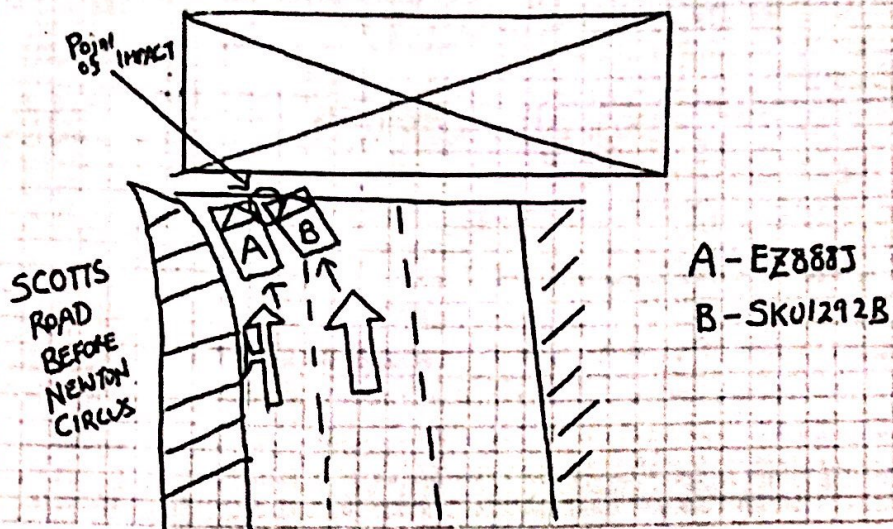
FUNG CHUNG YUEN STEVE

NRIC No

S2741242D



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT: T/20211009/7014

DECLARATION

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



Policyholder's Signature

Date & Time: 12/10/2021  
12:00 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/10/2021

Reporting Centre Personnel's Signature

Name: VINCENT SOH  
NRIC/FIN No.: S991138