

ASS. REC. BY:

REF:

CS/ SMO/ 2101172/K+tf3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/IMV

To Inspect Vehicle No: FBG 3731T

at Workshop m/s PG 98

of 01-21 4001

Insured: SMV 943J

9105

Policy No.

Claims No. CMTD2103217/GPL

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: 82K 2100

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 06/22 Person Contacted:

Vehicle: IN/OUT

Veh No:

FBG 3731T Yr Regn: 06/12

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

Truck / Trailer or

Make:

Honda PCX c.c. 125

Colour:

Black A/C: Insured / Std / NI / NA

Sp. Reading:

108774 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

MLH JF 28A1A 5018813

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD / A/Rlm or

Tyre Size:

F: Mic 90/90 R14

R: Dun 100/90 R14

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

TOYO / YOKO or

Front

Rear

R/Bal.

3 mm

R/Bal.

3 mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

27/10/21

D.O.I.

2/11/2021

Survey held at

11.40am

Des. of Damages: Fnt / Rear / OIS / NIS / UIC / Rooftop or

OIS & NIS body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1/ Get RT, est not ready
LTA than 8110-00

LUMP SUM \$1900, 4DAYS

RED:2362;55%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip:

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 29/10/2021 15:15 (SGT)
Date of Accident 27/10/2021 18:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information Along Wilkinson Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBG3731T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KK MOTOR PTE. LTD.
Company Reg No 201835910M
Email Address Jwkuah@yahoo.com
Mobile Phone No (Phone) +65-90699526
Alternative Phone No +65-90699526

VEHICLE PARTICULARS

Manufacturer Honda
Model Pcx125
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 Motorcycle
Transmission Auto
CC 125

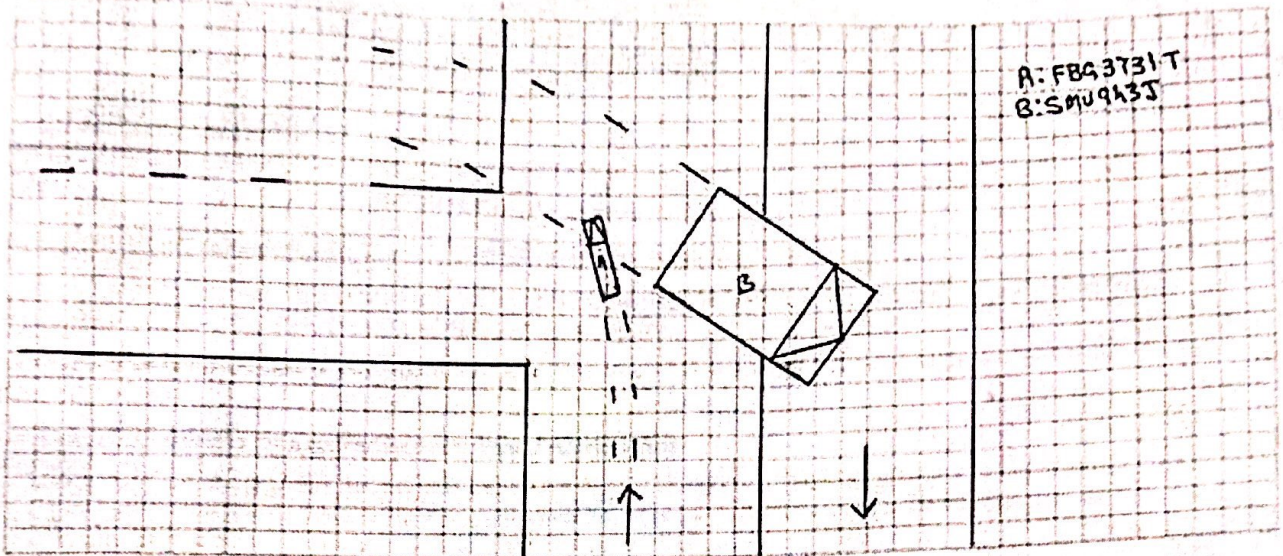
INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5111003452-02
Cover Note Number -

DRIVER

Name of Driver CHAN THOR KHOON
NRIC No S7246510E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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



Policyholder's Signature

Date & Time: 1500h
29/10/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/10/2021 1500h

Reporting Centre Personnel's Signature

Name: ASH KAMAL

NRIC/FIN No.: S994396

Number	(Phone) +65-97860200
Insurance complement	-
Insurance Company Name	-
Location Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN THOR KHOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	48
Injuries Sustained	FRACTURED LEFT RIB, ABRASIONS ON RIGHT KNEE AND ANKLE.
Injured person in which vehicle?	FBG3731T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes