ASS. REC. BY: Kenneth

REF: CTL/2101155 3/KV y3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s TWH

of _____

Insured: SLF 527Z

Policy No. DMPCSNW00047342101

Claims No. SNM21D206408/C02/LEWLC

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: 3-4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 05/21 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLU 868K Yr Regn: 06 '09

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

Make: BMW 320i c.c 1995

Colour White A/C: Insured / Std / NI / NA

Sp.Reading 188001 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAWA W52020P300662

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: 225/40ZR18

R: _____

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	7/11/21	D.O.I.	16/11/2021

Survey held at _____

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

Rear M/J

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

Date / Time	Action / Instruction
/	EST not ready
1/12/21	Kenneth confirmed $4500 (Red 5263.78, 53%)

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 1/12/21-typist

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 3

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.~~ ($ 4500

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SN0721B7000D / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 07/11/2021 21:01 (SGT)
SUBMITTED BY: Muhammad Nizam bin Alias
VERSION: 1 (07/11/2021 21:01 (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	07/11/2021 21:01 (SGT)
Date of Accident	07/11/2021 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PIE TOWARDS TUAS ON LANE 1.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU868K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN KUAN TEN
NRIC No	S1315246B
Email Address	Bennychanyh@gmail.com
Mobile Phone No	(Phone) +65-96647907
Alternative Phone No	+65-96647907

VEHICLE PARTICULARS

Manufacturer	BMW
Model	320i
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	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5101080072-03
Cover Note Number	-

DRIVER

Name of Driver	CHAN YI HONG BENNY
NRIC No	S9325248I

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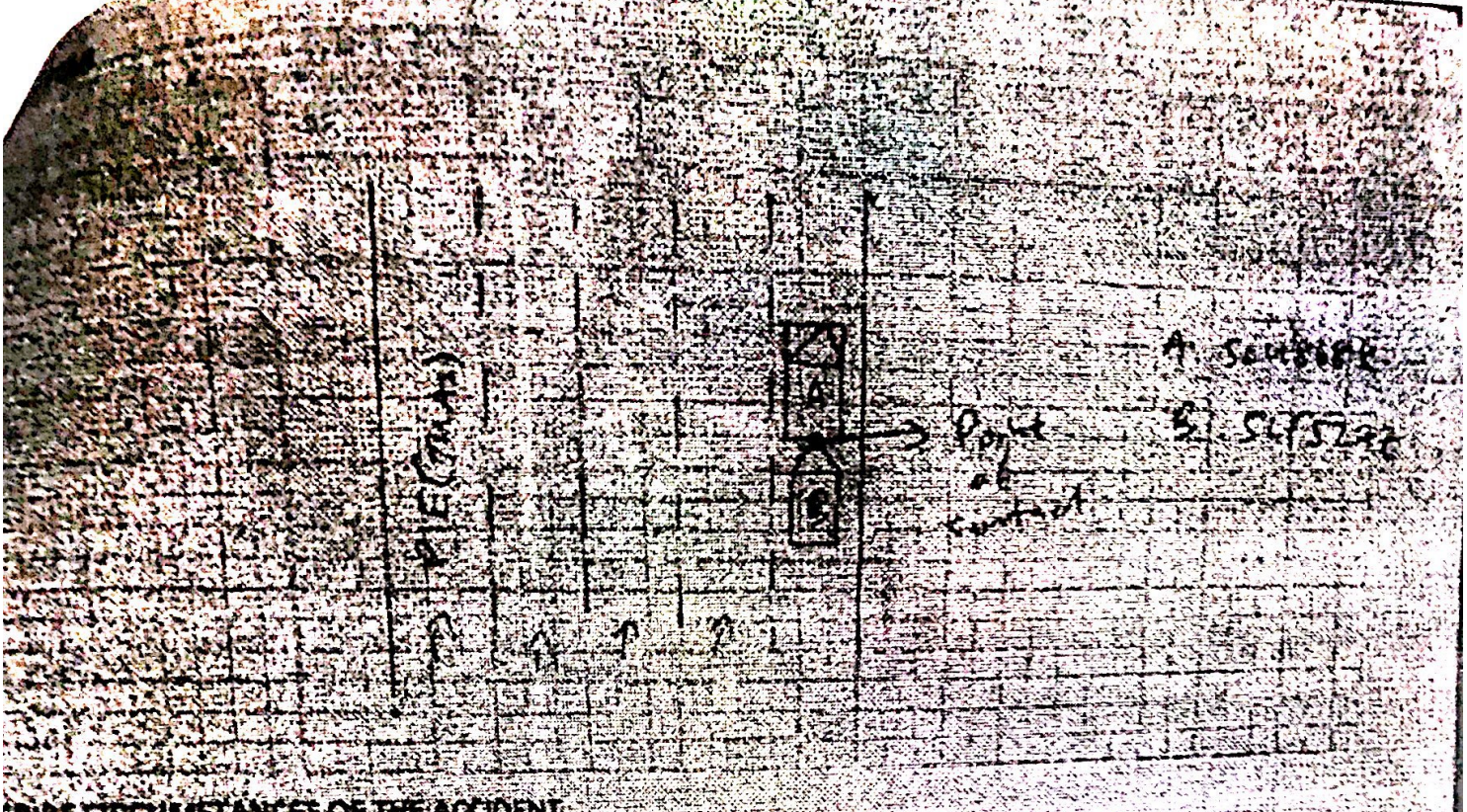

CRIBE CIRCUMSTANCES OF THE ACCIDENT

As per the police report