

ASS. REC. BY:

REF: AG2/21012405/K

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. _____

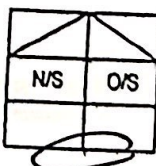
Sum Insured: _____

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: 05 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SUN 5543B Yr Regn: 05, 17Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Zonic c.c. 1580Colour: M. Grey A/C: Insured / Std / NI / NASp. Reading: 316058 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH C831CV14U 035133Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 225/45R17

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

TOYO / YOKO or _____

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 7/12/21D.O.I. 8/12/2021

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

1 ET 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

Fees

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	07/12/2021 15:07 (SGT)
Date of Accident	07/12/2021 11:05 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	BALESTIER RD TWDS CTE/THOMSON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN5543B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CYCLEHERE
Company Reg No	5XXXX723K
Email Address	WEILERN80@GMAIL.COM
Mobile Phone No	(Phone) +65-94576207
Alternative Phone No	+65-94576207

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	AE IONIQ HEV 1.6 DCT SR
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 hire
Transmission	Auto
CC	1580

INSURANCE COMPANY

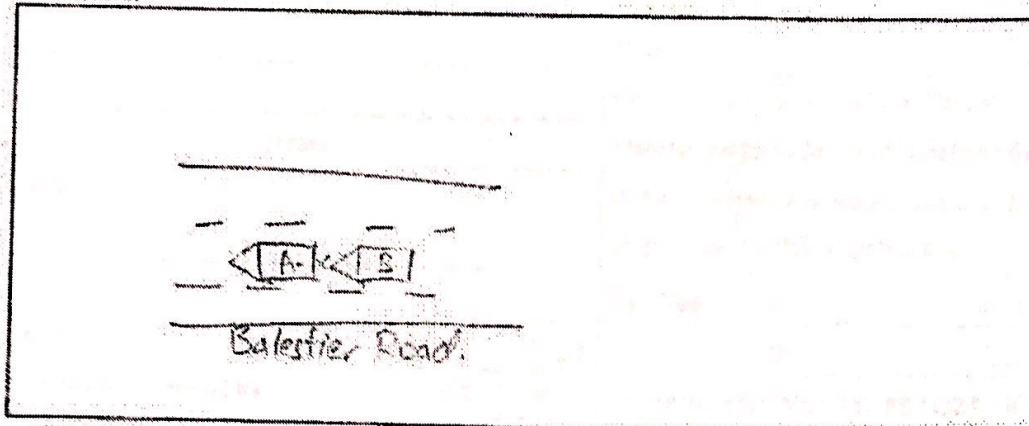
Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1941966
Cover Note Number	09/05/2021 - 08/05/2022

DRIVER

Name of Driver	FOONG WEI LERN
NRIC No	SXXXX577D

Date of accident: 7/12/21 Time: 11:05 am Location: Balestier Road towards CTE/Thomson Road
 My Vehicle A: SLN 5543 B Vehicle B: SN 7702 U Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In front vehicle stopped so I slow down and stopped. Vehicle B did not notice that I have stopped and rear ended my car.

I'm riding for exercise, driving the vehicle for private use during the time of accident.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my file accident report to:

My workshop: Guan Hin Motor Workshop

Email address: guanhinmotor@yahoo.com

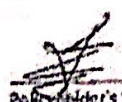
& myself:


Email address: _____

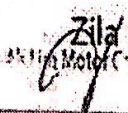
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature: 
 Date & Time: _____

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

Reporting Centre Personnel's Signature: 
 Name: _____
 NRIC/FIN No: _____