

REF: MSG/210129991Kvf3

ASS. REC. BY: Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Bifren

of _____

Insured: **SLF 7531P**

Policy No. **30001621286**

Claims No. **267239**

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
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Bal. or Market Value: \$88k

IDAC Accident Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

ate: _____ Person Contacted: _____ Vehicle: IN / OUT

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

Front: _____ Rear: _____

R/Bal. 6 mm R/Bal. 7 mm

L/Bal. 6 mm L/Bal. 7 mm

D.O.A. 19/12/21 D.O.I. 5/1/2022

Survey held at 11.10am

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

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

Date / Time	Action / Instruction
21/1/22	Kenneth informed final fig \$2731.12 (Red 1280.40, 32%)

no, File Pass to? ☐ : Prel. Report ☐ : Final Report

no, File Return to? _____

21/1/22-typist

Format: Merimen

Sum / I.B.I: (\$) 2731.12

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech Invs (\$) ☐ : Weekend (\$)

Survey Fee: _____

Transportation: _____

Fixes: _____

Others: _____

TOTAL

Not Notwithstanding
Runway B4 point
2 days

2 days

INSURANCE: MSIG

VEHICLE NO.: SMK 8340 D

✓
x
7
✓
✓
x
✓
7
7

200
2001
?

SN0721CK0008 / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 20/12/2021 10:17 (SGT)
SUBMITTED BY: Mohammad Yunus Bin Abdul Samad
VERSION: 1 (20/12/2021 10:17 (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 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	20/12/2021 10:17 (SGT)
Date of Accident	19/12/2021 18:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN SPACE CARPARK BLK 770 YISHUN AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8340D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JASMAN LUO
NRIC No	S8876915E
Email Address	JASMAN.LUO@GMAIL.COM
Mobile Phone No	(Phone) +65-92214872
Alternative Phone No	+65-92214872

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

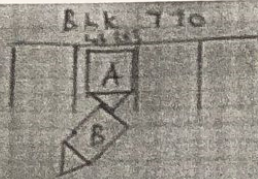
INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116792025-01
Cover Note Number	-

DRIVER

Name of Driver	JASMAN LUO
NRIC No	S8876915E

SKETCH PLAN



A - SMK 8540D
B - SLF 7531P

Yishun Avenue 3
Opposite space centre

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was parked in lot 383 and I was under
block 770. I then noticed vehicle B was reversing into the
lot on my left and collided to the front of
my vehicle.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
& Time:

20/10/2020
0815h

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

Reporting Centre Personnel's Signature
Name: Mohd Yusoff
NRIC/FIN No: 8079851