

ASS. REC. BY: Steve

REF: ~~CS/FC~~ CS/FC122001263/EVf3

**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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ 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: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: GBD 8718R Yr Regn: 2/7/15

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

Truck / Trailer or \_\_\_\_\_

Make: NISSAN Cabstar c.c. 2953

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

Sp. Reading: 283944 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JANSC7F9A20856859

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_

Mod: NII / S/Rim / STD / Rim or \_\_\_\_\_

Tyre Size: F: 195R15C

R: 1

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

TOYO / YOKO or \_\_\_\_\_

Front R/Bal. 4 mm Rear R/Bal. 4 mm

L/Bal. 4 mm L/Bal. 4 mm

D.O.A. 3/17/21 D.O.I. 11/2/12

Survey held at MAXIMUS

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

Front RH

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

Date/Time	Action / Instruction
	<u>MV-28K</u>

Date/Time, File Pass to?  : Prell. Report

1) \_\_\_\_\_  : Final Report

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\$ + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_



## 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 ..... 03/01/2022 18:23 (SGT)  
Date of Accident ..... 31/12/2021 14:05 (SGT)  
Exact Location of Accident ..... 231A Pandan Loop, Singapore 128419  
Additional Location Information ..... Pandan Loop  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD8718R

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... S M Tan Frozen Food Supplies  
Company Reg No ..... 4XXXX000D  
Email Address ..... BTLfood@gmail.com  
Mobile Phone No ..... (Phone) +65-96810004  
Alternative Phone No ..... (Home) +65-96810004

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Cabstar  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2953

#### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MCV0004423\_01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Li Qiao  
Work Permit No ..... 0XXXX3212

Date Of Birth	08/07/1993
Occupation	Outdoor
Date Of Driving Pass	08/08/2020
Driving experience	1 YEAR AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98117435
Alt. Phone Number	-
Email Address	btlfood@gmail.com
Address	549, Jurong West St 42, #04-219
Address complement	-
Postcode	640549
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

**GENERAL INFORMATION OF THE ACCIDENT**

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Wet

**OTHER INFORMATION**

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

**DETAILS OF POLICE ACTION**

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

**CIRCUMSTANCES OF ACCIDENT**

Bus turn into my lane and scratched my lorry.

**ATTACHMENT(S)**

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Video over write. SBS will submit Video
Was there any audio recorded?	Yes

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

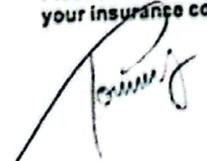
SBS Buc turned into my lane and scratched my lorry.

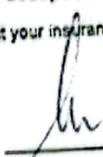
DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

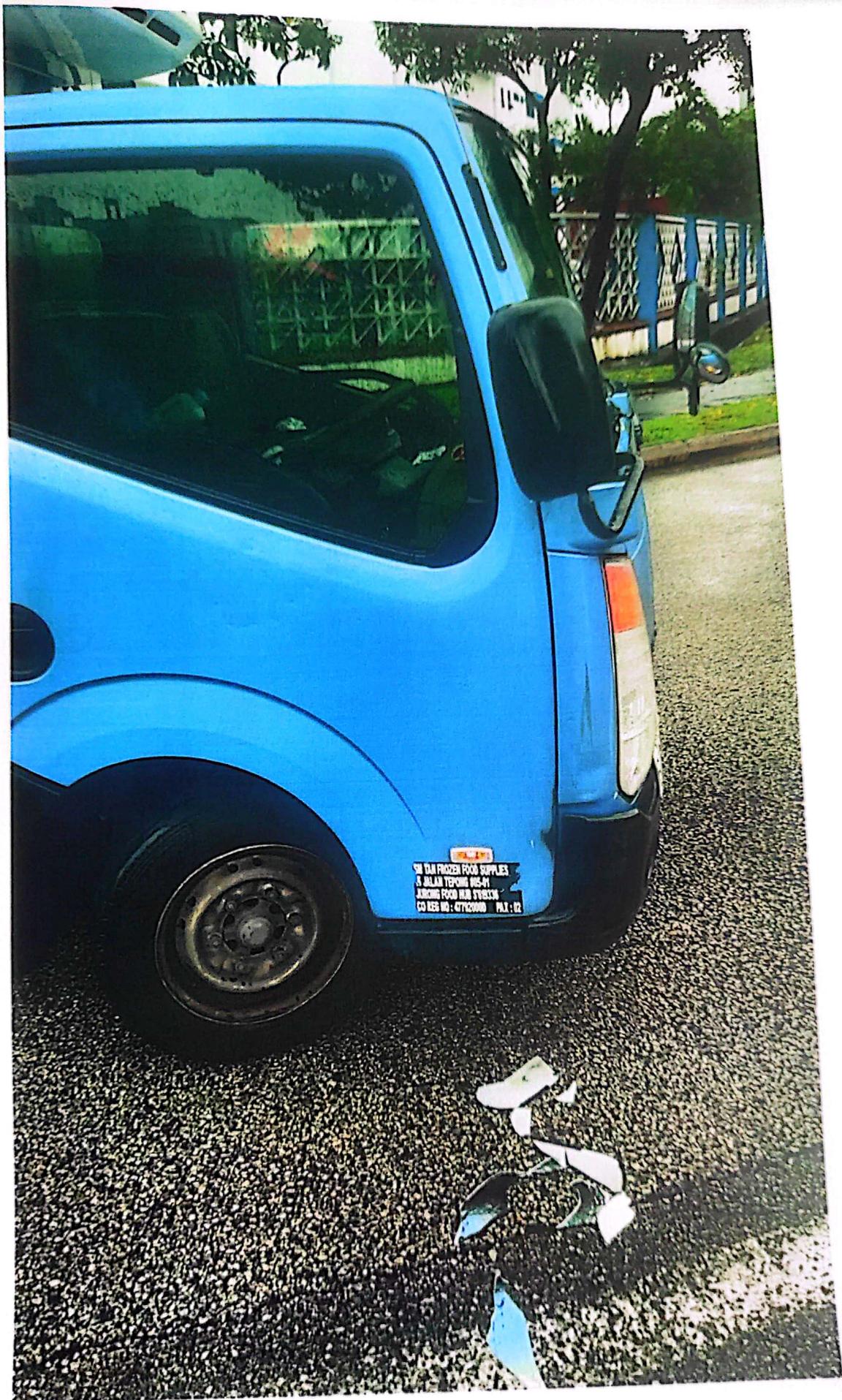
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time

  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time

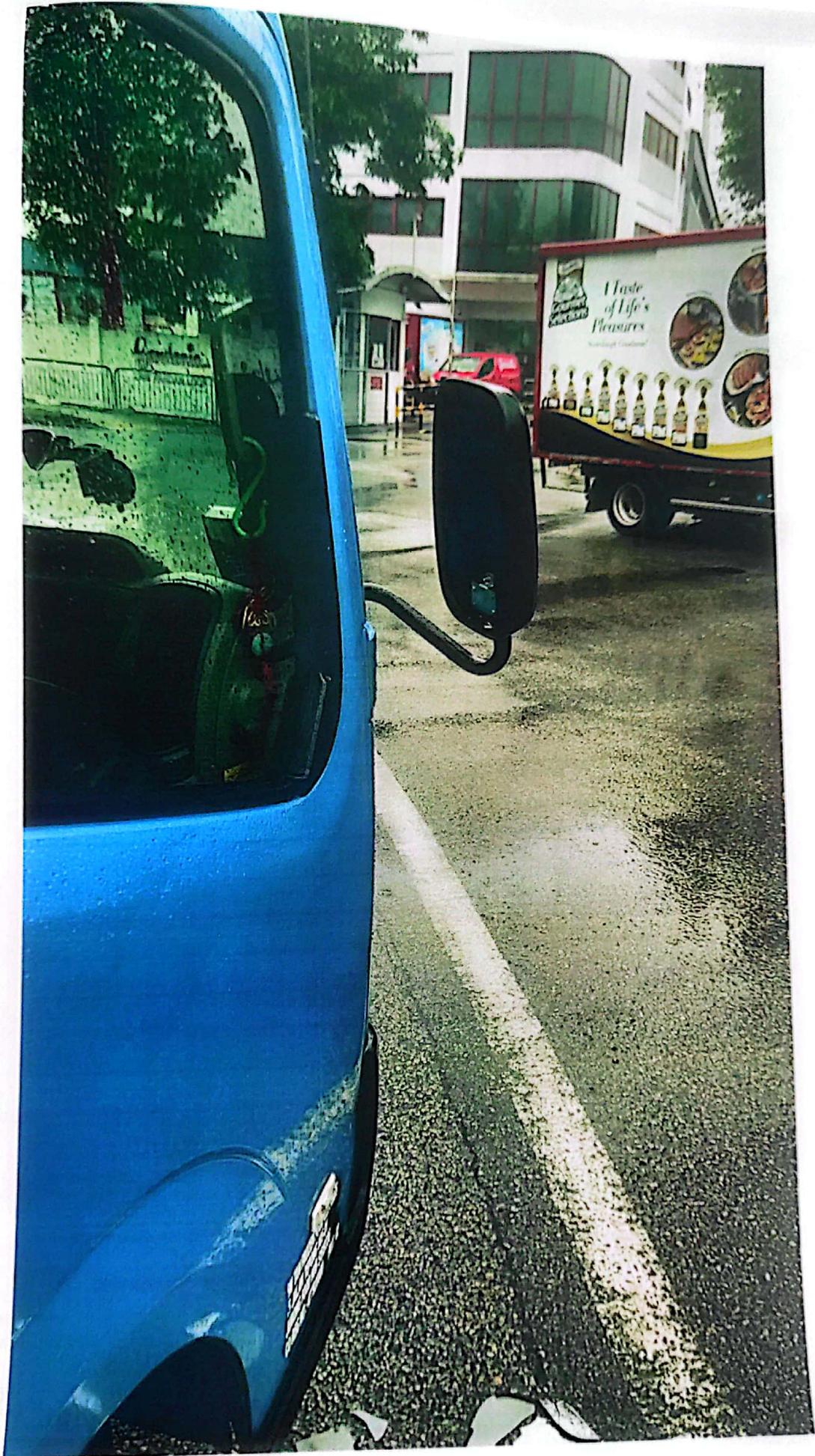
\_\_\_\_\_  
Reporting Centre Personnel's  
Name:

Cycle & Carriage Industries Pte Ltd

Version 1.3 | Updated 02 DEC 2020







GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SM0Q22130001 Vehicle Registration No : 6BD8718R

Name(as shown in NRIC): SM TAN FROZEN FOOD SUPPLIES

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

NRIC/Passport No : \_\_\_\_\_

Address : 15, Jalan Tepong #05-01, S(619336)

Contact (Tel) : \_\_\_\_\_ (H/P): 96810004

(Email) : BT Food@gmail.com

Date of Accident : 31/12/2021 Time of Accident : 14:05

Place of Accident : ~~37A~~ Pandan Loop

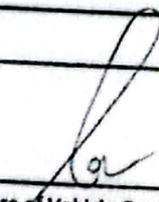
Insurance Company : India Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Error made on accident date. Year of accident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Signature of Vehicle Owner / Driver  
Date: \_\_\_\_\_

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm