

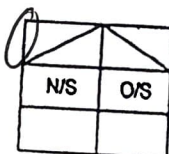
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of 1005 01-20
 Insured: _____
 Policy No. _____
 Claims No. CMTD2102415/THE
 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: 8
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 03 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SCV 5557B Yr Regn: 23/10/2007
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Civic c.c. 1799
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 286896 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JHMF016307S227445
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brakes: In order / Jammed / Leaked / Burnt or
 Modl: NII / SRIm / STD A/Rim or
 Tyre Size: F: 205/55R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OOTSU / PIR / SUMI /
 TOYO / YOKO or Shilwin
 Front _____ Rear _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 12/8/22 D.O.I. 28/3/2022
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
N/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction
1 No estimate, no GIA, only PR, unable to check DOR on vehicle
Enquiry call 82-3k

29/03/22 Submit PRS.

Date/Time, File Pass to?

1) 30/03 Typist

Date/Time, File Return to?

2)

☐ : Prell. Report
☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS. \$

Fuel

Others

TOTAL

Report Format : PRS

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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048760
 Tel: (65) 6724 0010 Fax: (65) 6724 0010
 Operating Hours: Monday to Friday 09:00 - 17:00
 UEN: S661500200 / GST Reg. No: S6600017735

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: SN07218D000A Vehicle Registration No: SCV5557B
 Name (as shown in NRIC): WONG HONG RUI, JEREMY NRIC/FIN/Passport No: T0044460 F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 723 WOODLANDS AVENUE 6 #08-520 Singapore 730723
 Contact (Tel): - Mobile No.: 92206501
 Email Address: JEREMYWONG1211@GMAIL.COM
 Date of Accident: 12/08/2021 Time of Accident: 2005HRS
 Place of Accident: CANBERRA LINK AND SEMBAWANG ROAD CROSS JUNCTION
 Insurance Company: INCOME

(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:

- 1) TO AMEND FROM "REPORTING ONLY" TO "THIRD PARTY CLAIM"
- 2) TO AMEND CIRCUMSTANCES OF THE ACCIDENT: "AFTER COMPLETING THE U-TURN AND GOING STRAIGHT, I SAW THE TRAFFIC LIGHT CHANGE TO AMBER LIGHT FROM GREEN AND VEHICLE B WAS RIDING VERY FAST THROUGH THE AMBER LIGHT WHILE THE FLOOR WAS WET AFTER RAINING AND HE E BRAKE AFTERWARDS HITTING MY FRONT LEFT CORNER OF MY VEHICLE"

Jeremy
 Policyholder / Driver's Signature
 Date: 14/08/2021

h
 Reporting Centre Personnel's Signature
 Name: VINCENT SOH
 NRIC/FIN No: S991138
 Date: 14/08/2021



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210816/7044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2021 20:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG HONG RUI, JEREMY			Address: 723 WOODLANDS AVENUE 6 #08-520 SINGAPORE 730723		
ID Type / ID No.: NRIC NO / T0044460F			Contact No.: Home/Office: Mobile: 92206501		
Nationality: SINGAPORE CITIZEN			Email: jeremywong1211@gmail.com		
Sex: Male	Age: 20	Date of Birth: 02/12/2000	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/08/2021 20:05	Type of Location: X-Junction
Location: CANBERRA LINK				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBK179L	Motorcycle	YAMAHA	R15	Black	Slightly Damaged	2
SCV5557B	Car					0



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CALSON	ID No.	NIL
Related Vehicle	FBK179L (Motorcycle)	Contact No.	91836919
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Pillion			
Name	Unknown Pillion	ID No.	NIL
Related Vehicle	FBK179L (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	MELVIN	ID No.	S9616873Z
Related Vehicle	SCV5557B (Car)	Contact No.	94313551
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL