

ASS. REC. BY:

REF:

Smo/ 22003015/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:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Frankie

Date / Time

Action / Instruction

/

PRS

Est repair cost 83.5-4.5K

Veh No:

PC 9599A

Yr Regn:

05, 15

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

Truck / Trailer or

Make:

Mit Ross

c.c.

2998

Colour

White

A/C:

Insured / Std / NI / NA

Sp. Reading

412165

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

BE641JK 30014

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: M/S/Rlm / STD A/Rlm or

Tyre Size:

King Kong

R:

B.S 215/75R17507

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

TOYO / YOKO or

Front

Rear

R/Bal.

10

mm

R/Bal.

33

mm

L/Bal.

10

mm

L/Bal.

33

mm

D.O.A.

29/3/22

D.O.I.

7/4/2022

Survey held at

11-1624

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

O/S Rear

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

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:

\$ + RS. \$

: Fines

: Others

Report Format:

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

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	30/03/2022 12:07 (SGT)
Date of Accident	29/03/2022 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Bishan Rd by Bishan St 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9599A
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RUI FENG CHARTERED PTE LTD
Company Reg No	200713472Z
Email Address	Operation@ruifeng.com.sg
Mobile Phone No	(Phone) +65-64670956
Alternative Phone No	+65-64670956

VEHICLE PARTICULARS

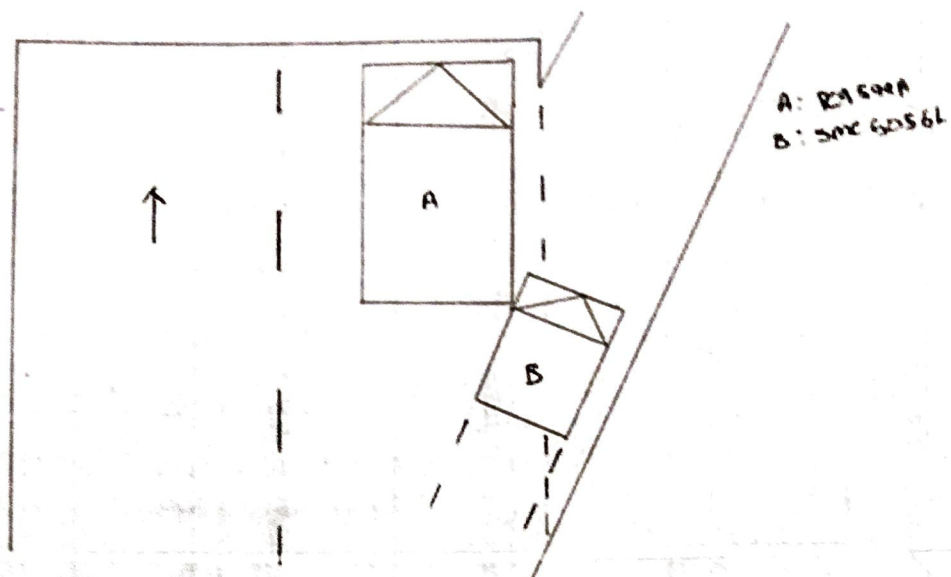
Manufacturer	Mitsubishi
Model	Others
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5108850803-02
Cover Note Number	-

DRIVER

Name of Driver	NAY LIN AUNG
NRIC No	G5499315W

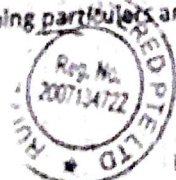


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REPORT

DECLARATION

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



Policyholder's Signature _____
Date & Time: 31/3/2022 11:20h

Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/3/2022 11:20h

Reporting Centre Personnel's Signature
Name: P61 (LW) M. L.
NRIC/FIN No.: 5499 306