

ASS. REC. BY:

REF:

C72/220050301Kv

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

09

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:

SLP 3689A

Yr Regn:

05, 17

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

Truck / Trailer or

Make:

Honda Shuttle

c.c.

1496

Colour:

M-Black

A/C:

Insured / Std / NI / NA

Sp. Reading

76814

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

GK8 - 1102894

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:

F:

Hansen

185/60R15

R:

Arivo

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

J

mm

L/Bal.

7

mm

L/Bal.

J

mm

D.O.A.

26/5/22

D.O.I.

27/5/2022

Survey held at

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

O/S body & u/c

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

Date / Time

Action / Instruction

E17 not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) \$ + RS. \$

) Extras

) Others

TOTAL

Report Format :

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

VEHICLE NO: SMR2757M
MAKE/MODEL: TOYOTA CAMRY

Attn: Motor Claim Dept

R021208
27.5.22 10:20
SLP3669A
160-0318



SLP3669A

Factory Japan 2022.0.1 : Honda : Shuttle : GK8
Thrust Line Alignment

Front : Left

Actual	Before	Specified Range
-0°38'	-0°38'	-1°00' 1°00'
5°02'	5°02'	4°00' 6°00'
-0°17'	-0°17'	-0°09' 0°09'
13°15'	13°15'	
12°38'	12°38'	

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	Before	Specified Range
-0°07'	-0°07'	-1°00' 1°00'
5°03'	5°03'	4°00' 6°00'
0°00'	0°00'	-0°09' 0°09'
12°54'	12°54'	
12°47'	12°47'	

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	Before	Specified Range
-0°30'	-0°30'	-1°00' 1°00'
-0°01'	-0°01'	
0°21'	0°21'	
-0°18'	-0°18'	-0°17' 0°17'

Rear : Left

Actual	Before	Specified Range
-2°04'	-2°04'	-2°45' -0°45'
0°11'	0°11'	0°00' 0°17'

Camber
Toe

Rear : Right

Actual	Before	Specified Range
-3°04'	-3°04'	-2°45' -0°45'
-0°26'	-0°26'	0°00' 0°17'

Rear

Cross Camber
Total Toe
Thrust Angle
Axle Offset

Actual	Before	Specified Range
1°00'	1°00'	-1°00' 1°00'
-0°15'	-0°15'	0°00' 0°34'
0°18'	0°18'	
0mm	0mm	

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 26/05/2022 17:49 (SGT)
Date of Accident 26/05/2022 12:45 (SGT)
Exact Location of Accident Sengkang E Ave, Singapore
Additional Location Information Sengkang East Avenue/ Anchorvale road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP3669A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Geraldine Png (Geraldine Fang)
NRIC No S7234619Z
Email Address geraldine.png@gmail.com
Mobile Phone No (Phone) +65-98502209
Alternative Phone No (Home) +65-98502209

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 5091510150-04
Cover Note Number -

DRIVER

Name of Driver Png Fredrick
NRIC No S1072695F

IMPORTANT NOTICE

- Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

