

ASS. REC. BY:

REF:

SMO/ 22 005176/Kqy3

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 _____

553C

Insured: _____

Policy No. _____

Claims No. CMTD2201830/RUC

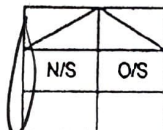
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 855K

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 06 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBL 600614 Yr Regn: 12, 18

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

Truck / Trailer or _____

Make: NIS NV200 C.C. 1861Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 113608 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSKYRAM 2080172543

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NI / S/Rlm / STD A/Rlm orTyre Size: F: 185/70R14

R: _____

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

TOYO YOKO or

Front

Rear

R/Bal. 2 mmR/Bal. 8 mmL/Bal. 2 mmL/Bal. 8 mmD.O.A. 23/5/2D.O.I. 7/6/2022Survey held at 10:30am

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

NIS body

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

Date / Time Action / Instruction

/ Est not ready

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee: _____

Transportation: _____

2)

Add Fee: ☐ : Site Insp (\$)

) S + RS. SI

☐ : Interview (\$)

) F. Ins

☐ : Tech Invs (\$)

) Others

☐ : Weekend (\$)

)

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	26/05/2022 16:37 (SGT)
Date of Accident	25/05/2022 15:25 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE NEAR EXIT 24
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL6006H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TL MAINTENANCE SERVICES PTE. LTD
Company Reg No	2XXXXX553C
Email Address	ADMIN@TLMSPL.COM.SG
Mobile Phone No	(Phone) +65-80126648
Alternative Phone No	+65-93387823

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	NV200 1.5 MT
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	1461

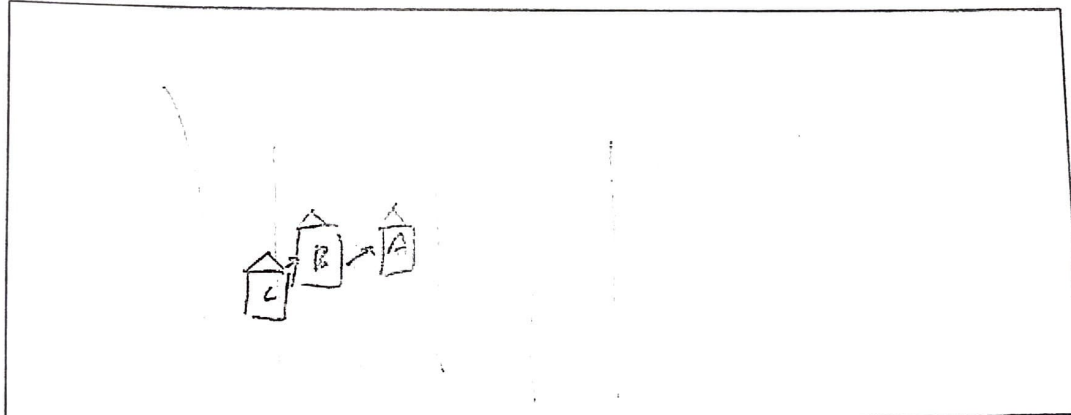
INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ21-001614
Cover Note Number	23/04/2021 - 16/06/2022

DRIVER

Name of Driver	CHEW CHEE WAH
NRIC No	SXXXX365E

Date of accident: 25/5/22 Time: 5:25pm Location: PIC NEAR EXIT 24
My Vehicle A: GBL6006H Vehicle B: YL50842 Vehicle C: CTG2152T
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling in lane 3, and found that the lorry beside hit me by the side. I was told that the lorry driver told he was hit by the car before him and he cannot stop and hit my vehicle.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address : William lcb @ gmail.com
& myself :

Email address : admin @ tlm spl.com.sg

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

COMPLETED 25 MAY 2022