

ASS. REC. BY: Marcus

REF:

CS3/CT12205222/uty3

## 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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Reg 10k.

PRS No Estimate  
Survey on 7-6-22 @ 11.18am.  
After reg on 14-06-22 @ 10.20am.

17/6/22 Repair Range \$2500 - \$3500 Submit

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

c.c

Colour:

A/C:

Insured / Std / NI / NA

Sp. Reading

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

Survey held at

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

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

## SUBMIT PRS REPORT

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

4

1)

☐

: Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

Add Fee:

☐

: Site Insp (\$

) S + RS, SI

☐

: Interview (\$

) Photos

☐

: Tech. Invs (\$

) Others

☐

: Weekend (\$

)

Report Format :

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

TOTAL

SA1E225V0007 / Abwin Service Pte Ltd  
ENTRY DATE & TIME: 31/05/2022 17:30 (SGT)  
SUBMITTED BY: Gerline Cheng  
VERSION: 1 (31/05/2022 17:30 (SGT))

## 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	31/05/2022 17:30 (SGT)
Date of Accident	31/05/2022 10:00 (SGT)
Exact Location of Accident	Penang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4893C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LEE WEE MIN WATER TANK MAINTENANCE SERVICES
Company Reg No	5XXXX554C
Email Address	LHA28@HOTMAIL.COM
Mobile Phone No	(Phone) +65-67830027
Alternative Phone No	(Home) +65-67830027

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5103017666-03
Cover Note Number	-

### DRIVER

Name of Driver	NAGARAJAN ARULJOTHI
Passport No/FIN	GXXXX460W

 Accident report SA1E225V0007



Date Of Birth	07/04/1980
Occupation	Outdoor
Date Of Driving Pass	10/10/2007
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94481602
Alt. Phone Number	-
Email Address	LHA28@HOTMAIL.COM
Address	CRESCENDO PARK 6 JLN TUA KONG
Address complement	#02-19
Postcode	457269
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

#### 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?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	NAGARAJAN PUSHPANATHAN
Gender	Male

#### 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

PLEASE REFER TO SKETCH PLAN ATTACHED

#### ATTACHMENT(S)

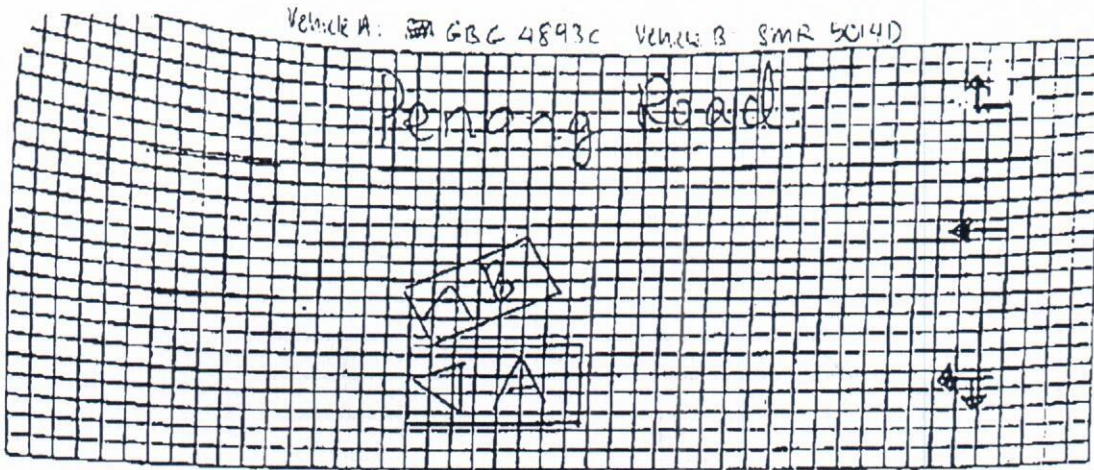
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR5014D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	KOO KOK HOW
NRIC No	SXXXX413D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31/5/2022 at about 10am, I was driving along Penang Road on the most outer lane lane. Veh. B which was on my right lane suddenly came into my lane and hit the front right side of my lorry.

DECLARATION

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

Policyholder's Signature

Date & Time: 31/5/22, 1pm

GIAMC Sketch Platform V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 31/5/22, 1pm

Reporting Centre Personnel's Signature

Name:

NRIC/IN No.:



[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Business
Owner ID:	554C
<b>Vehicle Details</b>	
Vehicle No.:	GBG4893C
Vehicle to be Exported:	No
Intended Deregistration Date:	07 Jun 2022
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	1KD2736842
Chassis No.:	JTFAT35Y20K208677
Maximum Power Output:	-
Open Market Value:	\$26,436.00
Original Registration Date:	21 Aug 2017
First Registration Date:	21 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$1,322.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	20 Aug 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$29,977.00
COE Rebate Amount:	\$15,592.00
<b>Total Rebate Amount:</b>	<b>\$15,592.00</b>

The information contained herein is correct as at 07 Jun 2022

OK



