

ASS. REC. BY:

REF:

A15/ 22 00 455 71K7

Kenneth

CS/INC22005671/Kty3

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:

08

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

1 / Est not ready, CTA rebate & 2123.00

LUMP SUM \$3700, 6DAYS

RED:2610.24;41%

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

F. P. S.

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

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

TOTAL

Veh No:

STA 3683K Yr Regn: 11, 17

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

Truck / Trailer or

Make:

Honda J522 c.c. 1339

Colour:

M. Yellow A/C: Insured / Std / NI / NA

Sp. Reading

275335 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JHMGD18507S233810

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / SRim / STD A/Rim or

Tyre Size:

F: 185/55R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7 mm

R/Bal.

6 mm

L/Bal.

7 mm

L/Bal.

6 mm

D.O.A.

12/5/22

D.O.I.

17/5/2022

Survey held at

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

Rear

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 6

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. SI

F. P. S.

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: 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 13/05/2022 15:36 (SGT)
Date of Accident 12/05/2022 17:55 (SGT)
Exact Location of Accident Singapore, Jurong Town Hall
Additional Location Information JURONG TOWN HALL ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA3683K
INSURED/POLICYHOLDER
Is company? Yes
Name Of Registered Owner BITUBULK PTE LTD
Company Reg No 2002201466C
Email Address NP-TAN@PTCLOGISTICS.COM.SG
Mobile Phone No (Phone) +65-65151311
Alternative Phone No (Office) +65-65151311

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
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 Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-21097944MFQC
Cover Note Number -

DRIVER

Name of Driver TAN NGEE PHENG
NRIC No S7200501E

SKETCH PLAN

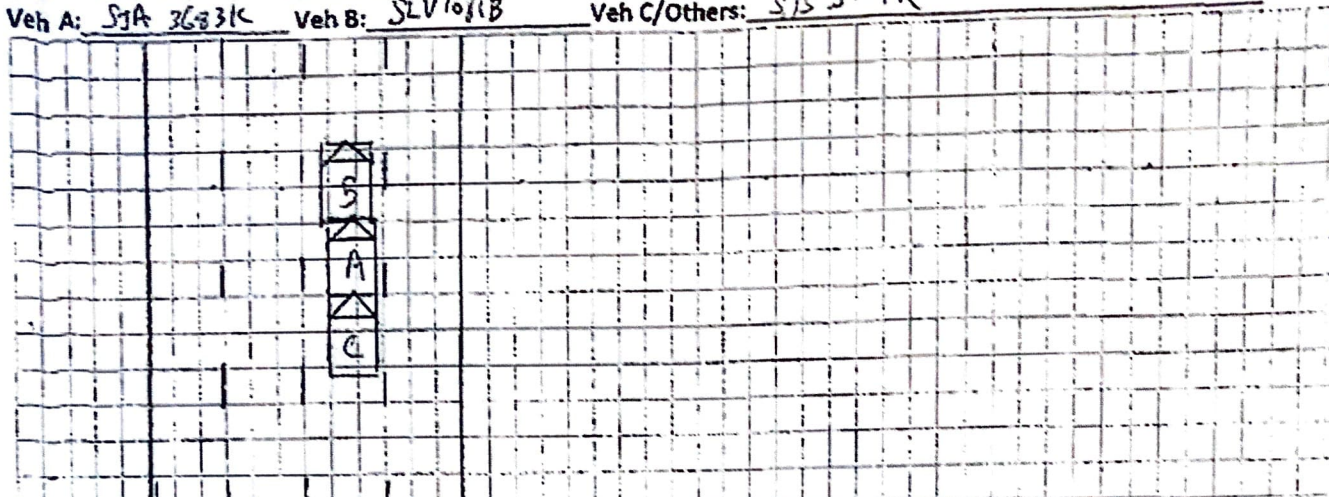
Date & Time of Accident: 12/5/12 / 17:55

Location: Jurong Town Hall Rd.

Veh A: SJA 36831K

Veh B: SLV 1081B

Veh C/Others: SJS 3101R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Jurong Town Hall Rd. at 17:55hrs on 12/5/12, I stop behind of car B and car C hit mine or (A) from behind pushing my car to indent the car B

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

- ☐ Own Damage Claim at Lim Tan Motor ☐ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☐ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email: _____

My/Our email: np-tan@ptelogsitic.com.sg

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: Yous be NRIC/FIN No.: S66 x 9914