

REF:

## ASSIGNMENT

Veh No: 9BL3564H. Yr Regn: 2021 / June.

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

Truck / Trailer or

Make: Toyota Dyna C.C. 2982

Colour Silver A/C: Insured / Std / NI / NA

Sp. Reading 33760 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JT FAT35 XOK 216641

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: ~~in order~~ / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/75 R13

R: 155 R120

N/S	O/S

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

TOYO / YOKO of

Front

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 96 mm L/Bal. 06 mm

D.O.A. D.O.I. 15/06/22

Survey held at Cherry Motor.  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

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

Date / Time	Action / Instruction
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mv :

PV :

Nett:

☐: Prelim. Report

**Final Report**

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:  : Site Insp (\$
$$S + RS \rightarrow S$$

Photos

1	Others	1
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Report Formed :

1. 1990年2月11日



## 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 .....	13/06/2022 10:23 (SGT)
Date of Accident .....	11/06/2022 12:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	FARRER ROAD TO LEEDON HEIGHT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBL3564H
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ASIAN DESIGN PTE LTD
Company Reg No .....	201617554W
Email Address .....	kyattalan@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-92714941
Alternative Phone No .....	+65-92714941

#### 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 .....	2898

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5122982428
Cover Note Number .....	Preferred Workshop Plan

#### DRIVER

Name of Driver .....	HOUNG LEE HING
NRIC No .....	S7975536B

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

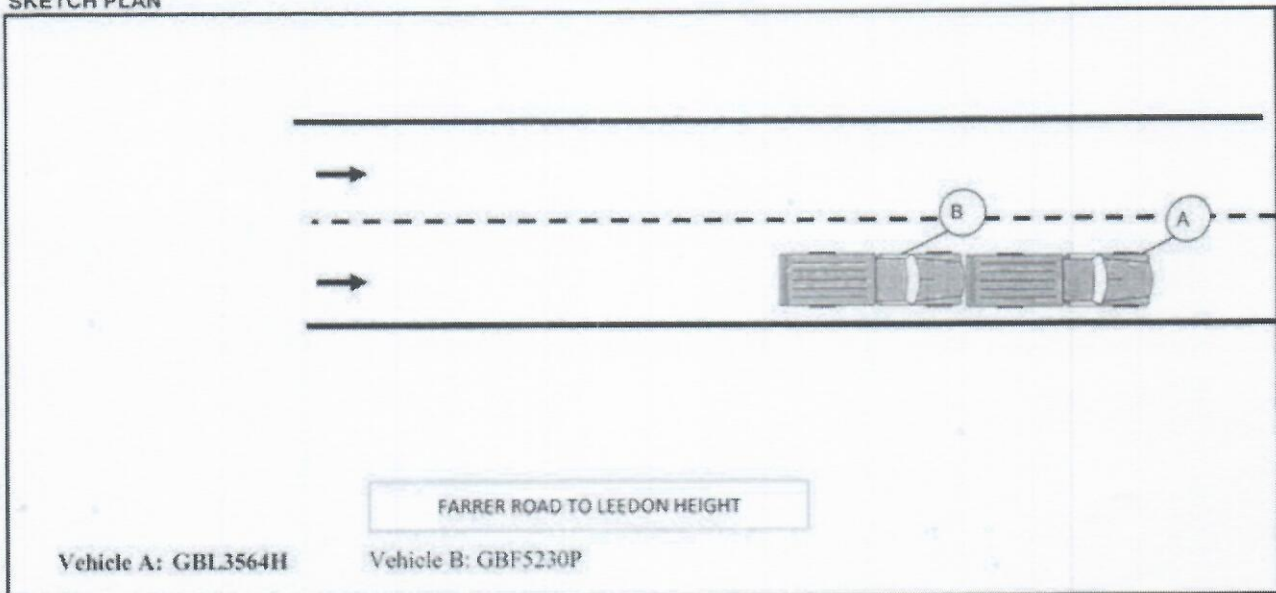
## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	HOUNG LEE HING
Gender .....	Male
Phone No .....	(Phone) +65-92714941
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBL3564H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The traffic was jammed, I stopped as heavy traffic. Suddenly vehicle B collided to my rear. After which both of us drivers alighted to assess the damage, took some photos and exchange particulars. I have injury got see doctor have 1 day MC. Will do follow up for X-ray.

Declaration

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



Policyholder's Signature / Date & Time

A handwritten signature of the driver.

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

13/06/22 / 10:19

A handwritten signature of Ganesh.

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel