Ass. Rec. By: | Ref: CS/CTI22005708/Anc

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 Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBL3564H. 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: JTFAT35 YX0K 216641

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: 195/75R15.

R: 155 R12C

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	15/06/22

Survey held at Chery Motor.

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
	TP Claim.
	Lump sum: $2200 and 4 days
	(red: $7815.55,78%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1) 13/07/22

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : _____ ($ _____)

Survey Fee: _____

Transportation: _____ $ + RS. _____ SI

Photos _____

Others _____

Report Format : tp-merimen

Lump Sum / Fee ($ 2200

SN07226D000A / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 13/06/2022 10:23 (SGT)
SUBMITTED BY: Ganesh Sinathambi
VERSION: 1 (13/06/2022 10:23 (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 witholding 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

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

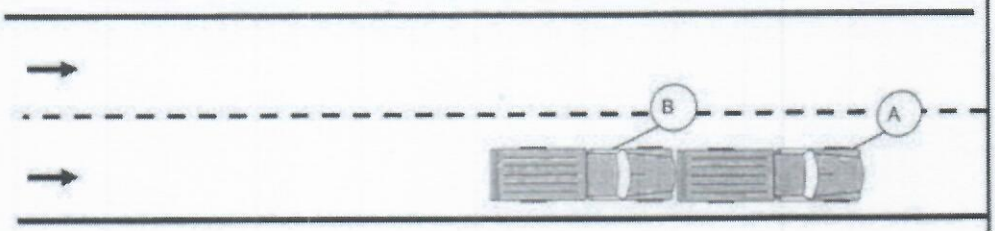
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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



FARRER ROAD TO LEEDON HEIGHT

Vehicle A: GBL3564H Vehicle B: GBF5230P

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.

ASIAN DEN PTE LTD 201617554W

13/06/22 / 10:19

Policyholder's Signature / Date & Time

13/06/22 / 10:19

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

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel