

ASS. REC. BY:

REF: ASM/22005889 1Kg

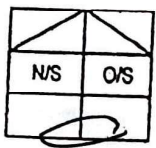
Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s RC
 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: 8
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 04 days Res.: Yes or No
 Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLV 5867 Yr Regn: 1
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or Wagon
 Make: MIT Outlander C.C. _____
 Colour: M. Gray A/C: Insured / Std / NI / NA
 Sp. Reading: 57818 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JMY XT GF 3WJ Z 000003
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modl: NII / S/Rlm / STD A/Rlm or
 Tyre Size: F: 225/55R18
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal. 8 mm R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. 8 mm
 D.O.A. 20/6/22 D.O.I. 22/6/2022
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
22/6	EM not ready, unable to check yr of registration from CTA.
20/07/22	final fig: \$3227.40 and 4 days (red, \$808.60, 20%)

Date/Time, File Pass to? ☐ : Prell. Report
 1) 10/08/22 ☐ : Final Report
 Date/Time, File Return to?

Days Of Repair: 4
 Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech Invs (\$)
☐ : Weekend (\$)
 Survey Fee: _____
 Transportation: _____
 S + RS. \$ _____
 F.R. \$ _____
 Others _____

Report Format : tp-asm
 Lump Sum / I.B.I. (\$) 3227.40

TOTAL

PARTICULARS OF CLAIM

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	21/06/2022 11:47 (SGT)
Date of Accident	20/06/2022 09:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE before turn left to BKE (Dairy Farm)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV586T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Nur Surya Binte Mohamed Ambiah
NRIC No	S8015480A
Email Address	sofyaqystina@hotmail.com
Mobile Phone No	(Phone) +65-92711900
Alternative Phone No	(Home) +65-92711900

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124021384
Cover Note Number	-

DRIVER

Name of Driver	Hiruan Bin Ahnad
NRIC No	S8015480A

