

ASS. REC. BY:

REF: FCZ / 22006490 HK.

Kenneth

## 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: \_\_\_\_\_

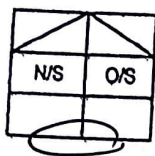
Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 844K

IDAC Accident Report: \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs: 06 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

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Report Format :

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

Veh No: SMF 37721Yr Regn: 01, 16Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hondac.c. 1498Colour: M.P. WhiteA/C: Insured / Std / NI / NASp. Reading: 132843T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: RUI

1108195

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / A/Rim orTyre Size: FalkenF: 215/60R16R: 7040

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

Front

Rear

R/Bal. 7 mmR/Bal. 8 mmL/Bal. 7 mmL/Bal. 8 mmD.O.A. 2/7/22D.O.I. 26/7/2022

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.

# 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 ..... 04/07/2022 18:28 (SGT)  
Reported by ..... Both  
Date of Accident ..... 02/07/2022 05:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BEDOK NORTH RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMF3772A  
  
INSURED/POLICYHOLDER  
  
Is company? ..... No  
Name Of Registered Owner ..... TAN WEI SIAN ADRIAN  
NRIC No ..... SXXXX902B  
Email Address ..... adrian80.tan@gmail.com  
Mobile Phone No ..... (Phone) +65-93866466  
Alternative Phone No ..... -

## VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... VEZEL 1.5X CVT  
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 ..... 1496

## INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Policy Number / Cover Note Number ..... 22-MS000120-R03

## DRIVER

Name of Driver ..... LEE SENG WAH  
NRIC No ..... SXXXX932I  
Date Of Birth ..... 19/01/1959  
Occupation ..... Indoor



Circumstance of the Accident

NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ☒ ) Claim Third party ( ) Reporting Only  
( ) Claim OD/ TP at other workshop ( )

Sketch Plan

Bedok North Ave 1

A = SMF 3772A

B = SG 6155K

Lim Choon Seng

S1370584D

HP-91062650

Bedok North Rd


I was stationary due to a red light. I was at a complete stop. A few moments later, a SBS Bus rear ended my vehicle. There were no injuries at that time.

Declaration

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

  
Policyholder's Signature / Date & Time

4/7/22

  
Driver's Signature (if driver is not the policyholder) / Date

  
Witnessed by Reporting Centre Personnel

4/7/22