

ASS. REC. BY:

REF:

ASR/ 22007450/KC

C

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.

N/S	O/S

Bal. or Market Value: 8165K

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKC 3234 Yr Regn: 01, 17

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

Truck / Trailer or

Make: BMW 730Li c.c. 1998

Colour: M. White A/C: Insured / Std / NI / NA

Sp. Reading: 2333609 T/Radio: Insured / Std / NI / NA

Eng/No: 233609

C/No: WBA 7E 020 40 G 245272

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 245/50R18

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

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 1/8/22

Rear

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. 13/8/2022

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 / 01/08 EM not ready

2 / 01/08 L1 Rm @ 7950L Cabnet & 05 days (Red \$3,744.80 / 32%)

Date/Time, File Pass to?

☐ : Prel. 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. (\$

SS2E2830009 / S & H Motor Pw Ltd
ENTRY DATE & TIME: 03/08/2022 17:38 (SGT)
SUBMITTED BY: Wong Kuo Nya
VERSION: 1 (03/08/2022 17:38 (SGT))

Your NCD will be affected due to late reporting



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- This report will be forwarded by the insurers of the GSA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and fast copies of this report will, for a fee, be made available upon application by interested parties.
- 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.
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ACCIDENT STATEMENT

Date of Submission 03/08/2022 17:38 (SGT)
Reported by Both
Date of Accident 01/08/2022 18:00 (SGT)
Exact Location of Accident Woodlands Ave 6, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC323Y
INSURED/POLICYHOLDER
Is company? No
Name Of Registered Owner Chan Jizhu
NRIC No S7162001H
Email Address chenjizhu8@yahoo.com.sg
Mobile Phone No (Phone) +65-90223691
Alternative Phone No -

VEHICLE PARTICULARS
Manufacturer BMW
Model 730li
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 3000

INSURANCE COMPANY
Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5115409085-02

DRIVER
Name of Driver Chan Jizhu
NRIC No S7162001H
Date Of Birth 29/07/1971
Occupation Outdoor

Accident report SS2E2830009

Date Of Driving Pass 17/03/2008
Driving experience 14 YEARS AND 5 MONTHS
Gender Male
Mobile Number (Phone) +65-90223691
Alt. Phone Number -
Email Address chenjizhu8@yahoo.com.sg
Address 5 Leedon Heights #31-09
Postcode 267952
Is the driver the policyholder? Yes
If No, Relationship of the Driver with the Insured -
Does Driver Own Other Vehicles? No
Vehicle Registration Number of Other Vehicle Owned by Driver -
Insurance Company of Other Vehicle Owned by Driver -

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Number of vehicles involved in the accident 2
Was anybody injured in the Accident? No
Was any injured conveyed to hospital by ambulance? -
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1
Has the driver been approached by unknown person(s) soliciting for accident claims assistance? No
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
Was notice of Intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

refer attached report.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB2991X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour Taxi
Vehicle Category -
Name of Driver -
Contact Number -

Accident report SS2E2830009

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

SKETCH PLAN

Describe Circumstances of the Accident

I was on the extreme left lane
 of Woodlands Ave 6 intending to turn
 left at the junction to Woodland Ave
 1. Suddenly a taxi on my right drifted
 into my lane and hit onto my front
 right hand portion of my car.
 No one was injured in this incident.
 Reporting for insurance purposes

Declaration
 I/we declare the foregoing particulars are true to every respect.

11-12-07

For Signatory's Signature/Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
 3/8/07

Witnessed by Third Party Centre Person
 (Name as in NRICID card)

NOT Authorized
L1 Supp @ 7950/h
Recovery after pain
4 days

Reg. No. 53199168K

Date : 22.08.2022

✓
x
✓
✓

150l
60l

440l
400l
✓

for RC AUTO

Authorised Signature