ASS. REC. BY: Kenneth

REF: C72/2200767511kg

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

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: 10-14 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: SME4546K Yr Regn: 09, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Grace c.c 1496

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

Sp.Reading 112542 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GM4 - 1205797

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/50R16

R: _____

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

Front		Rear	
R/Bal.	2 mm	R/Bal.	3 mm
L/Bal.	2 mm	L/Bal.	3 mm
D.O.A.	10/8/22	D.O.I.	12/8/2022

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.

Date / Time	Action / Instruction
/	EM not ready, bonnet jammed

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: _____ S + R.S. _____ SI

Parking: _____

Others: _____

TOTAL: _____

Report Format :

Lump Sum / I.B.I: ($ _____)

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 Actual 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	11/08/2022 13:12 (SGT)
Reported by	Both
Date of Accident	10/08/2022 19:09 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MANDAI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME4546K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOO WEI LIANG(QIU WEILIANG)
NRIC No	SXXXX686I
Email Address	khoowl1987@gmail.com
Mobile Phone No	(Phone) +65-97116749
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	GRACE HYBRID 1.5DX AUTO
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	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5123473848

DRIVER

Name of Driver	CHEONG JIETING(ZHANG JIETING)
NRIC No	SXXXX860I
Date Of Birth	20/06/1988
Occupation	Indoor

Circumstance of the Accident

ASS. REC. BY:

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

enneth

From:

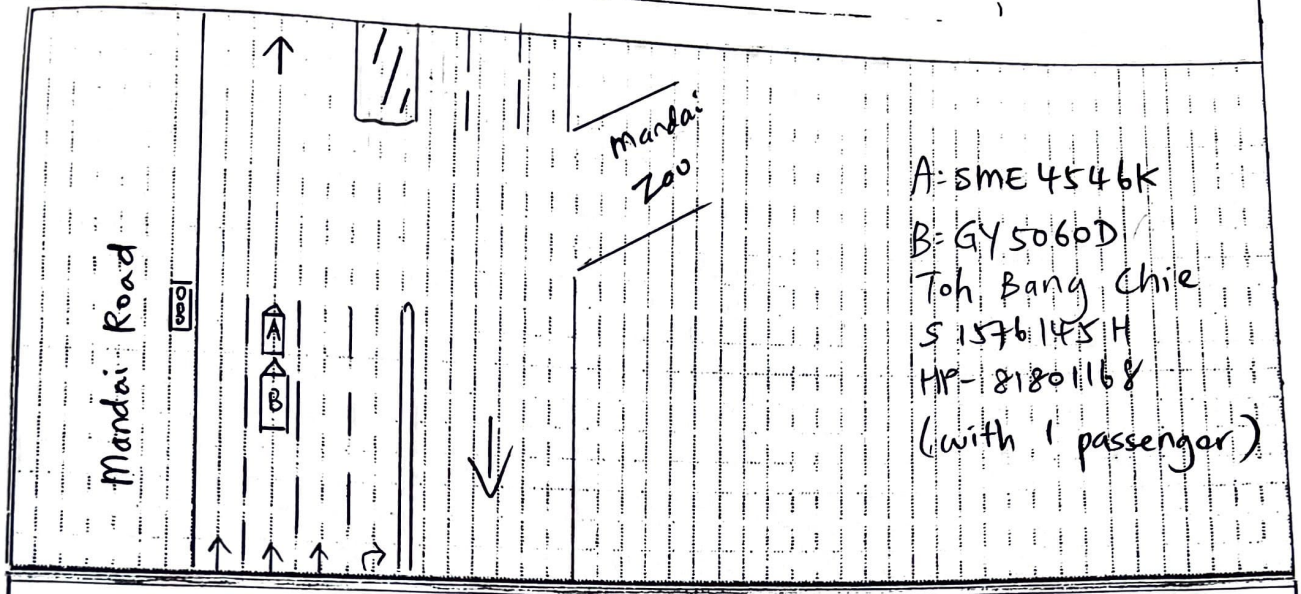
Estimate

or

( ) Claim Own Policy (✓) Claim Third party ( ) Reporting Onlly

( ) Claim OD/ TP at other workshop (_____)

Sketch Plan



I was stationary at the above junction due to red traffic. Out of sudden, a great impact came from behind and realized vehicle B has collided onto the rear of my car. My husband who was with me at the passenger seat, both of us felt giddiness and nausea after the impact and consulted doctor. We were given 2 days mc each. There were 2 golf sets in my car rear boot when accident happened, estimated cost $3K to $5K each.

Declaration

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

Policyholder's Signature / Date & Time

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

11/8/22

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

(45)