

ASS. REC. BY:

REF:

SMO/ 220030321K vy3-1

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:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

PRS, no est.

31/5/22

Est repair cost \$25-30k.

30/8/22

Submit LS \$32,250 (red 10,750, 25%)

Veh No:

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

Truck / Trailer or

Make:

Colour

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / RIM or

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: 21

1)

☐

: Final Report

Resurvey No. of Trlp:

Date/Time, File Return to?

2) 30/8/22-typist

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Fuel \$

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 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 | 26/05/2022 20:39 (SGT) |
| Date of Accident | 08/05/2022 02:55 (SGT) |
| Exact Location of Accident | Johor, Malaysia |
| Additional Location Information | ALONG 4.5KM JLN JOHOR BAHRU KOTA TINGGI (KL TOWARDS SINGAPORE) |
| Country/State of Loss | Malaysia/Johor Darul Takzim |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SNA8708T |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | ROSLI BIN SAMSUDIN |
| NRIC No | S7316438I |
| Email Address | NEWKINGROSLI73@GMAIL.COM |
| Mobile Phone No | (Phone) +65-87135699 |
| Alternative Phone No | +65-87135699 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | C180 |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | - |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1597 |

INSURANCE COMPANY

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5124216196 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------|
| Name of Driver | ROSLI BIN SAMSUDIN |
|----------------|--------------------|



**SINGAPORE
POLICE FORCE**



T/20220509/2150

1 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20220509/2150

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------|---------------------------|
| Date/Time Report Made: 09/05/2022 23:34 | Video Report No.: | Station Diary No.: 284 |
|--|-------------------|---------------------------|

Informant's Particulars

| | | | |
|--|--|------------------------------|------------------------------|
| Name of Informant: ROSLI BIN SAMSUDIN | Address: APT BLK 103 TECK WHYE LANE #07-444 SINGAPORE 680103 | | |
| ID Type / ID No.: NRIC NO / S7316438I | Contact No.: | Mobile: 87135889 | |
| Nationality: SINGAPORE CITIZEN | Home/Office: | Email: | |
| Sex: Male | Age: 49 | Date of Birth: 03/05/1973 | Type of Informant: Driver |
| Race: Malay | Language: | Institution / School Name: | |
| Occupation: PERSONAL DRIVER | Driving Licence Information: Class: 3 | Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------------------|---|---|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 08/05/2022 02:45 | Type of Location: Jalan Serampang Traffic Junction |
| Location: CAUSEWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------------------|-------------------------|--------|----------------------|-----------------|
| SMJ9008M | Car | MERCEDES BENZ | | Blue | Seriously Damaged | 1 |
| SNA8708T | Car | MERCEDES BENZ | C 180 KOMPRESS OR | Silver | Seriously Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|