

ASS. REC. BY:

REF:

SMO/220050321K vy3

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. CMTD2201596/GPL

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:

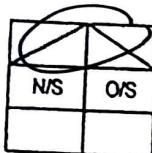
Lum Sum:

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT



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: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / 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.

Rear

R/Bal.

L/Bal.

D.O.I.

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

31/5/22

En repair con \$25-30k.

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: 16

1)

☐

: Final Report

Resurvey No. of Trlp:

Date/Time, File Return to?

2) 31/5/22--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
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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
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**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	Vide Report No.:	Station Diary No.: 284
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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
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