

ASS. REC. BY:

REF:

SMO / 220085381KV

A314-32-C6Z5

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:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GAL 6248B Yr Regn: 12, 21

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

Truck / Trailer or

Make:

NIS NV350 C.C. 1998

Colour:

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

18506

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JNIMA 2E268 0000201

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

195R 15X8

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

mm

L/Bal.

mm

D.O.A.

31/8/22

Rear

R/Bal.

mm

L/Bal.

mm

D.O.I.

5/9/2022

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

PRS

EN report con 83-4K

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

) \$ + RS. \$

) Fixing

) Others

Report Format:

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

TOTAL

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 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	31/08/2022 17:32 (SGT)
Reported by	Driver
Date of Accident	31/08/2022 08:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL6248B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	IZEEM PTE LTD
Company Reg No	201504528M
Email Address	siewjian@gmail.com
Mobile Phone No	(Phone) +65-65898839
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00150222100

DRIVER

Name of Driver	KUA CHENG KANG
NRIC No	S2592037F
Date Of Birth	31/01/1962
Occupation	Outdoor

Date Of Driving Pass	13/11/1980
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96204654
Alt. Phone Number	-
Email Address	rolandkua77@gmail.com
Address	BLK 203B PUNGGOL FIELD #14-334
Address complement	-
Postcode	822203
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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/offering 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 TO STATEMENT

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	FBQ7579M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	(Phone) +65-83934241

Date of accident: 31/8/2022 Time: 8:12 AM Location: Hougang Ave 3
 My Vehicle A: GBL6248B Vehicle B: FBQ7579M Vehicle C: _____
 SKETCH PLAN



Lane 2

Lane 1

A: GBL6248B

B: FBQ7579M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

when I drive slowly in Traffic Lane, The Motor Bike was collide My Vehicle in Rear ~~Damage~~ Damaged of My Rear

roland.kan.11@gmail.com Siew Jian@gmail.com

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward to **ANG MO KIO MOTOR SERVICES**

My workshop : Block 10, Ang Mo Kio Industrial Park 2A (Ave 5)
 Email address : #02-14 AMK Autopoint Singapore 688047
 & myself : Company Registration No. 63065380L
 Email address : HP: 9100 8638 Fax: 6459 1903/6655 4000

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

We declare that the particulars are true in every respect.



[Signature]

Driver's Signature
 Date & Time

[Signature]

Recording Centre Headline's Signature
 Name: (AMK)
 ARC FNN