

ASS. REC. BY:

REF:

AIS

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:

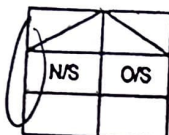
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

884k

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

08 days

Res.: Yes or No

Lum Sum:

1.13.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNC 8882Y

Yr Regn:

03.18

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

Truck / Trailer or

LA

Wagon

Make:

Renault

Scania

c.c

1461

Colour

m. Black

A/C:

Insured / Std / NI / NA

Sp. Reading

135236

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VFIRFA 00859 238272

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: Triangle

195/55R20

R: Pir

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

TOYO / YOKO or

Front

R/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

22/10/22

Survey held at

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

N/S body

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

Date / Time

Action / Instruction

1 Est not ready

Data/Time, File Pass to?



: Prell. Report

1)



: Final Report

Data/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. \$

Paints

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 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	25/10/2022 13:47 (SGT)
Reported by	Driver
Date of Accident	22/10/2022 23:10 (SGT)
Exact Location of Accident	1 Yuan Ching Rd, Singapore 618640
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC8682Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	NIGHT9SKY CAR HIRE
Company Reg No	5XXX669C
Email Address	night9sky.carrental@gmail.com
Mobile Phone No	(Phone) +65-82234462
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Scenic
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1461

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116546756-02

DRIVER

Name of Driver	AHMAD AZRI BIN ABDUL RAHIM
NRIC No	SXXXX339C
Date Of Birth	05/07/1976
Occupation	Outdoor

SKETCH PLAN

↓ 4077173

Food CENTRE

LOCATION:
NO. 1 YUAN
CHING ROAD

↓ SNC 86804

SHEN SHUO

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report Attach

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: _____

Reporting Centre Personnel's Signature
Name: JOELLE TAN
NRIC/FIN No.: AMK AUTOPOINT

JOELLE TAN
AMK AUTOPOINT PTE LTD
25.10.2022