

ASS. REC. BY: _____

REF: AK1Hennrich

ASSIGNMENT

Front: _____

Date: _____

Estimated Cost: _____

OD / P / W / L / P RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Thien Heng / 1407

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

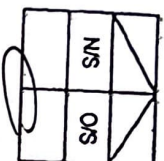
Excess: _____

(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 Report: _____

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

Date / Time

Action / Instruction

Est not ready

Veh No: _____

SKG 706C Yr Regn: 12, 14Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: _____

Wolkswagen Golf 1197

Colour

Black

AC: _____

Insured / Std / NI / NA

Sp. Reading

105677

T/Radio: _____

Insured / Std / NI / NA

EngNo: _____

CNo: _____

WVW ZZZ744 ZSW 379461Gen. Cond: Good / Fair / Poor / BurntSteering: Inop / Jammed / Leaked / Burnt orBrake: Inop / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD / Rim or

Tyre Size: _____

F: _____

205/55R16

R: _____

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

Erod

R/Bal. _____

8 mm

Rear

R/Bal. _____

mm

L/Bal. _____

8 mm

L/Bal. _____

mm

D.O.A. _____

21/11/22

D.O.I. _____

27/10/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / NS / UIC / Rooflop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?



: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

2

Add Fee: ☐

: Site Insp (\$ _____)

S + RS \$ _____

: Interview (\$ _____)

F + RS _____

: Tech Invs (\$ _____)

Others _____

: Weekend (\$ _____)

TOTAL

Report Format:

ump Sum / L.B.I. (\$ _____)

SN0722AL000W / Income Insurance Limited
ENTRY DATE & TIME: 21/10/2022 19:43 (SGT)
SUBMITTED BY: Hua Peijun AYZ
VERSION: 1 (21/10/2022 19:43 (SGT))

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 willful 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	21/10/2022 19:43 (SGT)
Reported by	Both
Date of Accident	21/10/2022 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (CHANGI) BEFORE JLN EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKQ706C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Hua Peijun Stephanie
NRIC No	S8239950Z
Email Address	STEPHANIE.HUA.PJ@GMAIL.COM
Mobile Phone No	(Phone) +65-97392170
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1200

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5112779759-02

DRIVER

Name of Driver	Hua Peijun Stephanie
NRIC No	S8239950Z
Date Of Birth	24/11/1982
Occupation	Indoor

 Accident report SN0722AL000W

05/06/2002
20 YEARS AND 4 MONTHSFemale
(Phone) +65-97392170STEPHANIE.HUA.PJ@GMAIL.COM
BLK 159 #06-553 BEDOK SOUTH AVENUE 3

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
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
Weather Conditions
Road Surface

Chain Collision
LIGHT DRIZZLE
Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Number of vehicles involved in the accident 3
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

I WAS TRAVELLING STRAIGHT IN LANE 2 WHEN DUE TO THE VEHICLE IN FRONT OF ME SLOWED DOWN I FOLLOWED SUIT TO BRAKE AND MANAGED TO STOP BEHIND THE VEHICLE. BUT SOON AFTER THE OTHER VEHICLE (SJS8785Y) BEHIND ME COLLIDED INTO THE REAR OF MY VEHICLE. WHEN I GOT OUT TO EXCHANGE THE PARTICULARS AFTER WE HAD MOVED TO THE ROAD SHOULDER I REALISED THERE WAS A THRID VEHICLE (SMQ718U) WHICH WAS INVOLVED IN THE COLLISION BEHIND SJS8785Y.

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 SJS8785Y
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -