

ASS. REC. BY:

REF: ASM / 220110051kg

Kenneth

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Hiap Ltc

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.

N/S	O/S

Bal. or Market Value: 866k

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2-3 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: SNG 9277G Yr Regn: 07 16

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

Truck / Trailer or Wagen

Make: BMW 216D c.c. 1496

Colour: M. Grey A/C: Insured / Std / NI / NA

Sp. Reading: 110376 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WBA 2B32050V 260170

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/R/In / STD / A/R/In or

Tyre Size: F: 235/40R19

R: \_\_\_\_\_

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

TOYO / YOKO or \_\_\_\_\_

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 2/11/22 D.O.I. 4/11/2022

Survey held at 1.20pm

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
<u>1</u>	<u>PRS</u>
	<u>EM repair con Q4-5k</u>

Date/Time, File Pass to?  : Prell. Report

1)  : Final Report

Date/Time, File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trlp: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  : S-RS (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)  : Fixers

: Tech Invs (\$ \_\_\_\_\_)  : Others

: Weekend (\$ \_\_\_\_\_)

TOTAL \_\_\_\_\_

Report Format :

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

Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT**

BASIC INFORMATION			
Date of Accident:	02/11/2022	Time of Accident:	10.25 am
Exact Location:	Changi South Ave 1		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	JNG 9277G	NRIC / FIN / Passport no:	57242206F
Name of Registered Owner:	TEO HEE KIANG		
Owner's Email:	aivind@teoo@gmail.com		
Owner's Address:	Blk 127 Bishan Street 12 #04-133 (S) 570127		
Vehicle Make:	Bmw	Vehicle Model:	216
Engine Capacity (cc):	1500 CC	Transmission:	(Auto) / Manual
Type of Claim:	Own Damage / (Third Party) / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle (Private Hire)		
Name of Insurance Co:	China Taiping		
Type of Policy:	(Comprehensive) Third Party / Third Party, Fire & Theft		
Policy Number:	DMHC5NW00018562200		

DRIVER			
Name of Driver:	Teo Hee Kiang	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	57242206F	Date of Birth:	06/11/1972
Occupation: Phv driver	Indoor / (Outdoor)	Driving Pass Date:	30 May 1991
Contact Number:	9119 6332	Gender:	(Male) Female
Address:	Blk 127 Bishan Street 12 #04-133 (S) 570127		
Relationship with Owner:	(Owner) Employee / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / (Front to Rear) / Others:		
Weather Condition:	(Clear) Raining / Others:	Road Surface:	(Dry) Wet
Video available:	(Yes) No	with owner	
Was anybody injured?	Yes / (No)	Police Report Made?	Yes / (No)
No. of passenger onboard (including driver):	1 male, 1 female		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SHA 8769M		
Vehicle Make / Model:	Toyota		
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

  
Signature of Driver

  
Date and time

