ASS. REC. BY: Kenneth | REF: CIP / 2300024O/kw

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cwan Hin

of 104B

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: 8 5k

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 6-7 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SNE 5333P Yr Regn: 06 16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Vezel CAT c.c 1498

Colour M.P.White A/C: Insured / Std / NI / NA

Sp.Reading 191015 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU1 - 1116988

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/55R17

R: Toyo

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	8 mm
L/Bal.	7 mm	L/Bal.	8 mm
D.O.A.	9/1/23	D.O.I.	9/1/2023

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
1	Eh not ready
2	

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____ $ - RS _____ SI

Parking: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

Lump Sum / I.B.I: ($ _____)

SA1H23150002 / AMK Autopoint Pte Ltd
ENTRY DATE & TIME: 05/01/2023 16:28 (SGT)
SUBMITTED BY: Joelle Tan
VERSION: 1 (05/01/2023 16:28 (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 wilful misrepresentation or witholding 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	05/01/2023 16:28 (SGT)
Reported by	Both
Date of Accident	04/01/2023 16:25 (SGT)
Exact Location of Accident	Paya Lebar Flyover, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE5333P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HWA HOON @ NEO KWA HOON
NRIC No	SXXXX104B
Email Address	kpetan@singnet.com.sg
Mobile Phone No	(Phone) +65-90011142
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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
C	1496

INSURANCE COMPANY

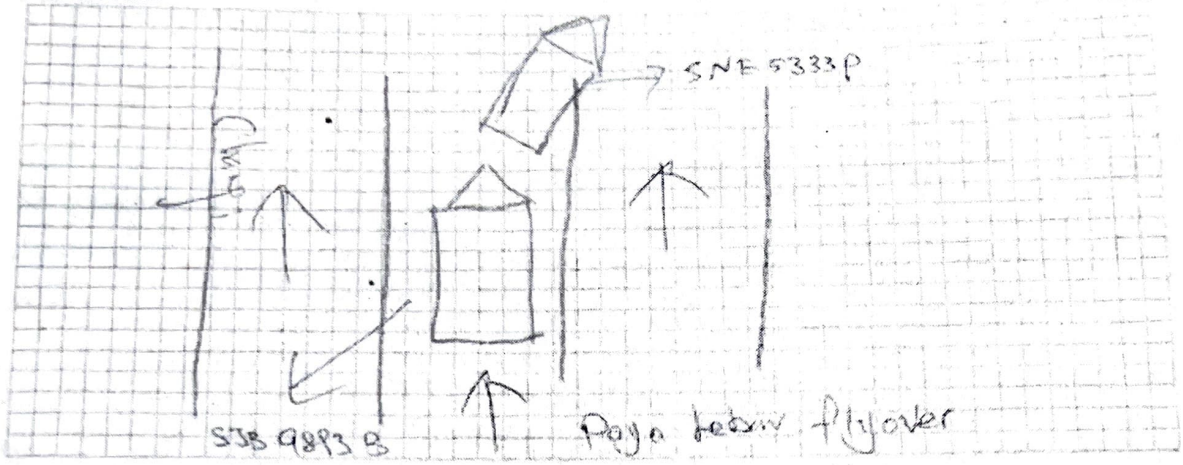
ame of Insurance Company	Income Insurance Limited
olicy Number / Cover Note Number	5131674457

RIVER

ne of Driver	TAN HWA HOON @ NEO KWA HOON
C No	SXXXX104B
Of Birth	13/11/1957
pation	Outdoor

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travling along Paya Lebar flyover towards Changi Airport, the front vehicle slow down, I follow Suddenly a vehicle SJB 9893B, Came from behind and bang on to my rear, causing my vehicle swerve to RH.

DECLARATION

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:

Name: Joelle Tan
AMK AUTOPOINT PTE LTD
05.01.2023