ASS. REC. BY: Kenneth | REF: LPC / 23001037/kp

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s TSR

of 423B

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: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 2-3 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: SBR 800811 Yr Regn: 12, 14

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

Make: Toy (A) Harrier c.c 1986

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

Sp.Reading 162834 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZSU60 - 0022302

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: Pir 235/55R18

R: Continental

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

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A.	31/1/23	D.O.I.	2/2/2023

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
/	Est not ready

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: $ - RS. SI

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

TOTAL

SM0Y231V0001 / MBM WHEELPOWER PTE LTD
ENTRY DATE & TIME: 31/01/2023 14:40 (SGT)
SUBMITTED BY: Shirley Lee
VERSION: 1 (31/01/2023 14:40 (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	31/01/2023 14:40 (SGT)
Reported by	Both
Date of Accident	31/01/2023 11:50 (SGT)
Exact Location of Accident	100 Bukit Timah Rd, Singapore 229899
Additional Location Information	KK HOSPITAL BASEMENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR8008H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KIK SHIAN YIN
NRIC No	SXXXX423B
Email Address	SHIANYIN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97266026
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1986

INSURANCE COMPANY

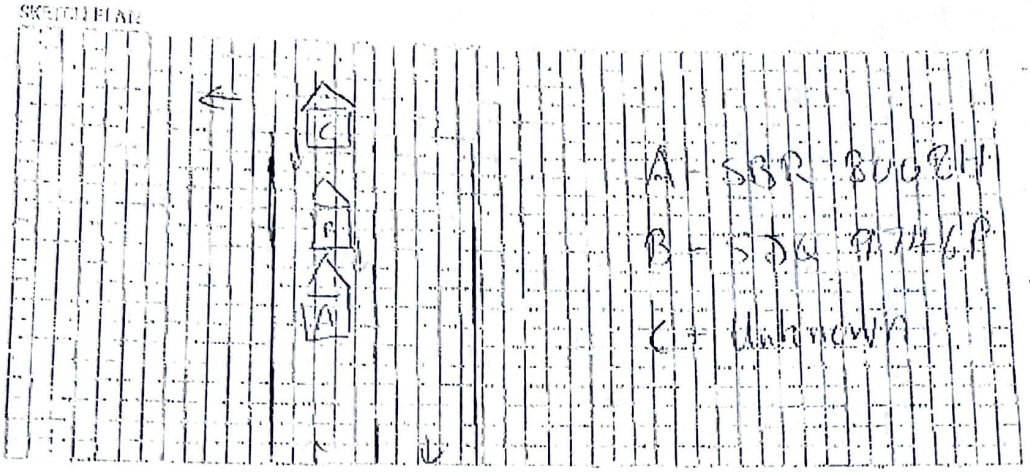
Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5068967327-08

DRIVER

Name of Driver	KIK SHIAN YIN
NRIC No	SXXXX423B
Date Of Birth	19/09/1976
Occupation	Indoor

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle C reverse vehicle B SJG 9746P follow to reverse. because reverse too fast and hit onto my vehicle A (SBR 8008H).

DECLARATION

I/We declare the foregoing particulars are true in every respect.

1. _____

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: