

ASS. REC. BY:

REF:

15B/

Ken 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:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

PRS

Est repair cost @ 1.5-2.5k

Veh No:

STV6825m

Yr Regn:

02, 10

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

Truck / Trailer or

Make:

Toy Camry

c.c

1998

Colour

M.L. Green

A/C:

Insured / Std / NI / NA

Sp. Reading

157493

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

MR053BK4107055226

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / SRim / STD A/Rim or

Tyre Size:

F:

215/80R16

R:

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

TOYO / YOKO or

Kumho

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

Des. of Damages: Frit / Rear / O/S / N/S / UIC / Rooftop or

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ - RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

Survegn

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	18/01/2023 12:13 (SGT)
Reported by	Both
Date of Accident	02/01/2023 13:00 (SGT)
Exact Location of Accident	Woodlands Ave 1, Singapore
Additional Location Information	WOODLANDS AVE 4 TURNING INTO WOODLANDS AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJV6825M

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RENE JAY REYNOLD
NRIC No	S8025421J
Email Address	rene_jay@hotmail.com
Mobile Phone No	(Phone) +65-84519580
Alternative Phone No	

VEHICLE PARTICULARS

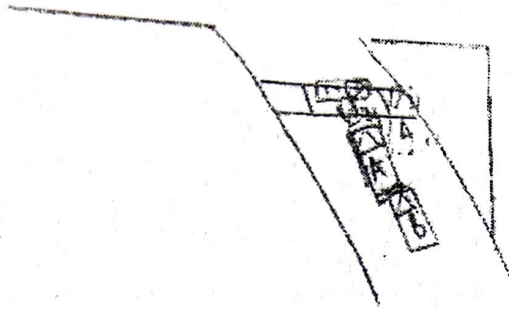
Manufacturer	Toyota
Model	Camry
Variant	
Exact purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10691493R00

DRIVER

Name of Driver	RENE JAY REYNOLD
NRIC No	S8025421J
Date Of Birth	26/08/1980
Occupation	Indoor



A: 3JH825M

B: 9HD296R

C: cyclist

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

L / 20030102 / 7043

DECLARATION

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

Policyholder's Signature
Date & Time: 18th Jan, 11am

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

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