

ASS. REC. BY:

REF:

SPF-1 23 0033051kq

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / QD 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: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

03

days

Res.: Yes or No

Lum Sum: _____

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

EVI NOT READY

Veh No: SLB 415/T Yr Regn: 04.16

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

Truck / Trailer or

Make: Toy

Axi

c.c.

1898

Colour

M. Silver

AC: Insured / Std / NI / NA

Sp. Reading

62222

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

NRE 161 - 0013858

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

185/60R15

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

TOYO / YOKO or

Front

Rear

R/Bal. _____

4

mm

R/Bal. _____

7

mm

L/Bal. _____

4

mm

L/Bal. _____

7

mm

D.O.A. _____

03/9/22

D.O.I. _____

30/3/2023

Survey held at _____

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

1st N/S

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S - RS - SI

F. P. / S.

Others

Add Fee: _____

: Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format :

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

TOTAL

SC1122970006 / CHENG HOE MOTOR PTE LTD[768761]
ENTRY DATE & TIME: 07/09/2022 17:01 (SGT)
SUBMITTED BY: CHIONG BENG CHOON
VERSION: 1 (07/09/2022 17:01 (SGT))

Your NCD will be affected due to late reporting

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	07/09/2022 17:01 (SGT)
Reported by	Both
Date of Accident	03/09/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INFRONT OF BLK 255 YISHUN RG RD AT Y17 CAR PARK, LOT. 377
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB4151T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JUMNI BINTI ALI
NRIC No	SXXXX446F
Email Address	rizman_johnny88@live.com
Mobile Phone No	(Phone) +65-81862384
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA AXIO 1.5X A
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	1496

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	MA020982

DRIVER

Name of Driver	JUMNI BINTI ALI
NRIC No	SXXXX446F
Date Of Birth	07/07/1960

Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

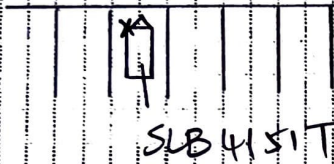
() Claim Own Policy (☒) Claim Third party () Reporting Only

() Claim OD/ TP at other workshop ()

Sketch Plan

B/K 255 Yishun Rg Rd
at Y17 Car Park, Lot. 377

Third Party = QX4927Y



Refer to Police Report No: T/20220903/7021

Declaration

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

7/9/22