

ASS. REC. BY:

REF:

U02/23003399/KV

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:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

09 days

Res.: Yes or No

Lum Sum:

1. B. / %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SNG 1638B Yr Regn: 11, 18

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

Truck / Trailer or

Make:

Perant

Scenic

cc

1481

Colour

m. D. Blue

AC:

Insured / Std / NI / NA

Sp. Reading

84761

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF 1RF A 00381137060

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

195/55R20

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

TOYO / YOKO or

Front

R/Bal.

8

mm

L/Bal.

88

mm

D.O.A.

27/3/23

Rear

R/Bal.

9

mm

L/Bal.

9

mm

D.O.I.

10/4/2023

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. DS

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair:

1)

☐

: Final Report

Resurvey No. of Trip:

Date/Time, File Return to?

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation

S - RS. SI

Fuel

Others

Report Format :

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

TOTAL

## 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	28/03/2023 11:03 (SGT)
Reported by	Actual Driver
Date of Accident	27/03/2023 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS SPECTRUM 1
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SNG1638B

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEONG KONG CHUAN
NRIC No	SXXXX243Z
Email Address	kongwk@gwspl.com.sg
Mobile Phone No	(Phone) +65-96211263
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Renault
Model	SCENIC IV 1.5L DCI AT EU6
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	1461

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126849559

#### DRIVER

Name of Driver	KONG WENG KAN
NRIC No	SXXXX593I
Date Of Birth	19/02/1982
Occupation	Indoor

Describe Circumstance of the Accident

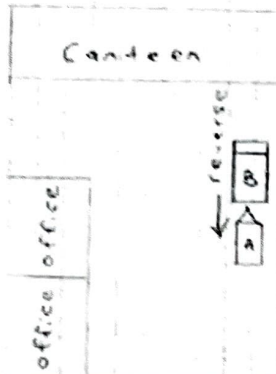
NOTE PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information

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

( / ) Claim On TP at other workshop ( )

Sketch Plan

Woodlands Spectrum 1



A: SNG 16388

B: YN5288J

20A: 27/03/23 10am

Refer Police Report

Declaration

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





**SINGAPORE  
POLICE FORCE**



L/20230327/2039

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20230327/2039

Police Station Of Origin  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE 757633  
Tel No: 1800-5549999

Date/Time Report Made 27/03/2023 15:13	Vide Report No. L/20230327/0053	Station Diary No. 44
Name Of Informant KONG WENG KAN	Address APT BLK 719 WOODLANDS AVENUE 6 #04-634 SINGAPORE 730719	
ID Type / ID No. NRIC NO / S82635931	Contact No. Home/Office Mobile 82999106	
Nationality MALAYSIAN	Email Address	
Occupation MANAGER	Sex Male	Age 41
Institution/School Name	Date of Birth 19/02/1982	Race Chinese
Date/Time Of Incident 27/03/2023 10:00	Location Of Incident 2 WOODLANDS SECTOR 1 WOODLANDS SPECTRUM SINGAPORE 738068	

**Brief details.**

On 27/03/2023 at about 10am, I was at Woodlands Spectrum 1 having breakfast at the canteen. I had parked my car at the carpark nearest to the canteen at the double yellow line. As I was having my breakfast, I saw the lorry YN5288J reversing towards my car. I kept looking to ensure that the lorry did not hit my car. The lorry did not stop reversing and hit my car. I then approached the driver with the intention to get the driver particulars so that I can claim through insurance for the damages. I had shouted at the driver as I was angry at that point of time. The driver refuses to give his particulars and I called for

Signature Of Officer Recording The Report:  
L / SGT 3 MUHAMMAD FAIDHI BIN  
ROZZID

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/03/2023 15:13

Officer In-Charge Of Case:  
L / Woodlands Police Divisional Investigation Branch /  
SI LEE ZHERN LEUNG JOEL  
Contact No.: 63641780

Classification Of Case: