ASS. REC. BY: Kenneth | REF: AIS / 230037801 Knp3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s Teck Auto

of _____

Insured: 8815-9997

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: 8821c

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 04 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

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

Veh No: SNP5621L Yr Regn: 09, 19

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

Make: Honda Fit c.c 1317

Colour M. Maroon A/C: Insured / Std / NI / NA

Sp.Reading 55779 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK3 · 3917224

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl : NIl / S/Rim / STD A/Rim or _____

Tyre Size: F: 205/45 ZR16

R: _____

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

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm

D.O.A. 8/4/23 D.O.I. 12/4/2023

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or n/s body

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	PRS
	En repair 83-5-5k
	14/04/23 submit prs / repair range $3.500- $5000 and 4 days

Date/Time, File Pass to?

1) 14/04/23

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: ___ S - RS ___ SI

Parking: _____

Others: _____

TOTAL: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Report Format :

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

SA1C234A0002 / AH LIM MOTOR COMPANY (MAIN)
ENTRY DATE & TIME: 10/04/2023 10:01 (SGT)
SUBMITTED BY: ZILA
VERSION: 1 (10/04/2023 10:01 (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 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	10/04/2023 10:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/04/2023 10:20 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP5621L

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RODNEY LEONG @ JOKUMI
NRIC No	S8331751E
Email Address	rodozaburo@gmail.com
Mobile Phone No	(Phone) +65-83118086
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	FIT 1.3GF CVT
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	1317

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10449750R02

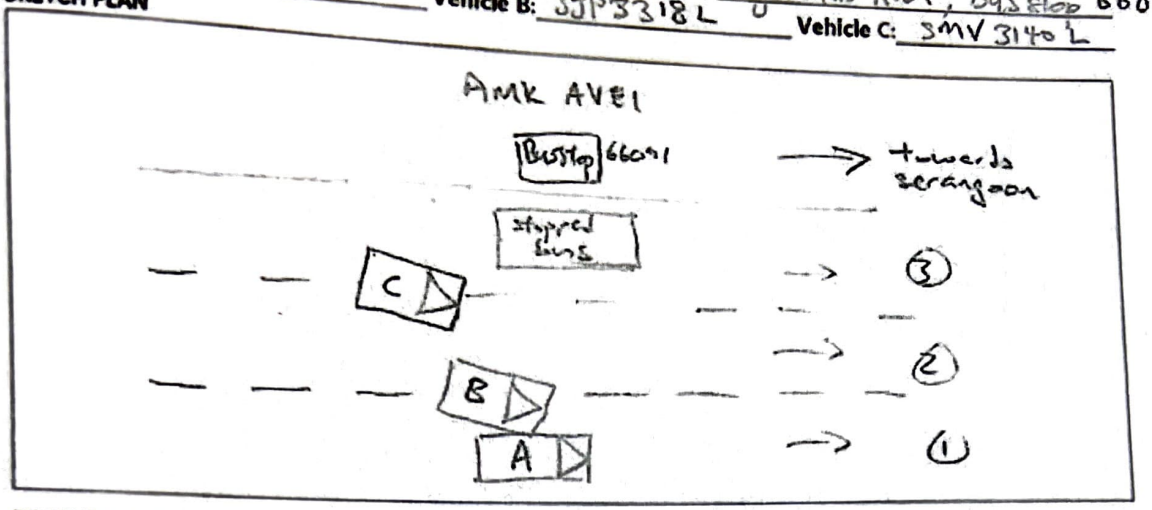
DRIVER

Name of Driver	RODNEY LEONG @ JOKUMI
NRIC No	S8331751E
Date Of Birth	13/10/1983
Occupation	Indoor

Date of accident: 8/4/2023 **Time:** 10.20 AM **Location:** Ang Mo Kio Ave 1, Bus Stop 66091

My Vehicle A: SMP 5621 L **Vehicle B:** SJP 3318 L **Vehicle C:** SMV 3140 L

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle A was going straight along lane 1 when it was hit on the side by vehicle B from lane 2. The driver of vehicle B mentioned she was taking evasive action for vehicle C that suddenly cut into lane 2 from lane 3 from behind the bus.

☑ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself : Rodney Leong

Email address : rodozaburo@gmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
Date & Time: 8/4/23 11.13

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

Ah Lim Motor Company
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

AH LIM MOTOR COMPANY