

ASS. REC. BY:

REF: HSB / 230054681K9Kenneth

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: 931K

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 days

Res.: Yes or No

Lum Sum: 20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 05/26

Person Contacted: _____

Vehicle: IN / OUT

Veh No: EK 6006CYr Regn: 06, 06

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

Truck / Trailer or

Make: Toy Altisc.c. 1598Colour: M. Gray

A/C: Insured / Std / NI / NA

Sp. Reading: 273533

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053 EEC107125437Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / 8/Rlm / STD A/Rlm or

Tyre Size: F: _____

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mmR/Bal. 6 mmL/Bal. 5 mmL/Bal. 6 mmD.O.A. 28/5/23D.O.I. 31/5/2023

Survey held at _____

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

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

Date / Time

Action / Instruction

1 EH not ready

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation

) \$ + RS. \$

) Fines

) Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

Report Format :

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

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 29/05/2023 19:24 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 28/05/2023 09:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information EXIT 3C TO PASIR RIS DRIVE 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EK6006C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN YEOW CHONG WILLIAM
NRIC No SXXXX051E
Email Address EK6006C@GMAIL.COM
Mobile Phone No (Phone) +65-97555966
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model ALTIS
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 1600

INSURANCE COMPANY

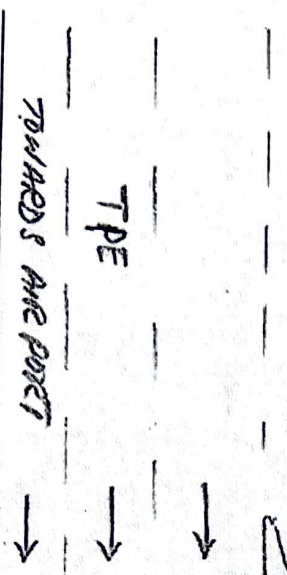
Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number MR053ZEC107125437

DRIVER

Name of Driver TAN YEOW CHONG WILLIAM
NRIC No SXXXX051E
Date Of Birth 10/11/1965
Occupation Indoor

A = EK6006C
B = SHB 2344A

800 512 2124 AT 30 LIX3



TOWARDS AIRPORT

TYPE

PASIR RIS
BYOVER

PASIR RIS DR 8

TAMPINES
AVE 12

29/5/23.