

ASS. REC. BY:

REF:

C121 230081581K

Faster  
memoryPrecision  
touchpadFaster  
wirelessGigabit  
Ethernet

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / QD RES / EVA / INV / MY

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.

N/S	O/S
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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

Veh No:

SMN 923 J Yr Regn: 07.19

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

Truck / Trailer or

Make:

Hyundai Avante c.c. 1591

Colour:

M. Black

A/C: Insured / Std / NI / NA

Sp. Reading

109856

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM140841CMKU 910477

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:

R:

195/65R15

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

TOYO / YOKO or

Turador

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

7/6/23

D.O.I.

4/7/2023

Survey held at

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

o/s Acc body

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

Date / Time

Action / Instruction

1. In not ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

S - RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

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	09/06/2023 16:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/06/2023 19:35 (SGT)
Exact Location of Accident	Jln Eunus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN923J

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUHAIMIE BIN SAMAT
NRIC No	SXXXX215A
Email Address	SAMRAYMIE@GMAIL.COM
Mobile Phone No	(Phone) +65-84334888
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	AD AVANTE 1.6 GLS (A)
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 hire
Transmission	Auto
CC	1591

#### INSURANCE COMPANY

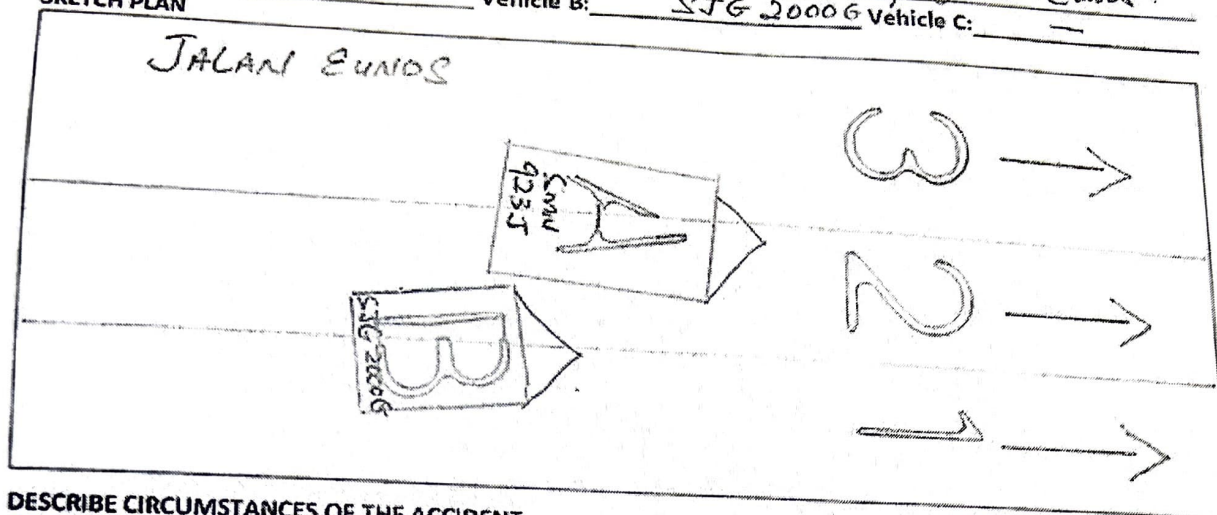
Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	CN012366

#### DRIVER

Name of Driver	SUHAIMIE BIN SAMAT
NRIC No	SXXXX215A
Date Of Birth	08/08/1981
Occupation	Indoor



Date of accident: 08/06/2023 Time: 1935 Hrs Location: Along Jalan Eunos  
 My Vehicle A: SMN 923J Vehicle B: STG 2000G Vehicle C: 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 07 of June 2023 @ 1935 Hrs (SMN 923J) driving along Jalan Eunos.  
 ON (LANE 3) - REFER TO Police Report.

☐ 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: Guan Hin Motor WLS  
 Email address: guanhinmotor@yahoo.com  
 & myself:  
 Email address:

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: 9/6/23

@ 1617 Hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Zila  
 Ah Lim Motor Company