ASS	16.	NA	AE.	NI
4. 30 / 10.5	8.53	7 411	4.4.3	1 3 3

Froin Date:	Veh No. SGA9690K . Yr Regn. 2017 Dec			
Estimated Cost:	Type M.Gs. / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or			
To Inspect Vehicle No:	Make: Hyurdai Elanton co 1591			
at Workshop m/s	Colour Gold A/C: Insured / Std / NI / NA			
of	Sp.Reading 3/1/35 T/Radio: Insured / Std / NI / NA			
Insured:	Eng/No:			
Policy No.	C/No: KMHD841CMJUS92594			
Claims No.	Gen. Cond; Good) Fair / Poor / Burnt			
Sum Insured: Excess:	Steering Inorder/ Jammed / Leaked / Burnt or			
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or			
Make of Veh:	Modi: Nil (S/Rim)/ STD A/Rim or			
	Tyre Size: F: 225/45217			
(Policy Condition)	R: 925/45R17			
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GX) FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of inspection.	TOYO / YOKO or			
Bal, or Market Value:	Front Rear			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 00 mm			
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm			
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 03/09/20			
Lum Sum: % 3 Val.: Yes or No	Survey held at			
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or			
Vehicle: IN / OUT  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time   Action / Instruction	The Ord 7 Chassis frame 7 Body Structure anected due to comson.			
TP Direct Asia Judge	det.			
MV: LUMP SUM \$7600, 7	DAYS			
ア <b>く</b> : Nett: RED: 6009.12:44%				
Nett: RED: 6009.12;44%				
State Time 5th Dana Ind	7			
Dale/Fine, File Pass to? : Preli. Report	Days Of Repair:			
i) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:			
A stat Fra	Transportation:  Site Insp (\$ )s +Rs,st			
2) /And rec				
Figeore Formes :	: Interview (* ) Flotos : Tech, Invs (\$ ) Others			
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	707/4.			

NSR120075300 / SMRT Automotive Services Pte Ltd - Woodlands ENTRY DATE & TIME: 01/09/2020 15.49 SUBMITTED BY: Alex Lim Wei Siong

### 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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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

	ACCIDENT STATEMENT
Date Of Report	01/09/2020 15:49
Date Of Accident	01/09/2020 14:50
Exact Location Of Accident	BUKIT PANJANG RING RD SLIP RD TO BUKIT PANJANG RD
Country/State of Loss	SINGAPORE

SGA9690K

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number

Insured/Policyholder

CHANDRASEKARAN S/O SOCKALINGAM Name Of Registered Owner

SXXXX055C NRIC No

Email Address CHAN0068@LIVE.COM.SG Mobile Phone No (LOCAL) +65-98594007 Alternative Phone No OTHERS-98594007

Vehicle Particulars

Manufacturer **HYUNDAI** 

ELANTRA-1.6 AD GLS (A) Model

Exact Purpose for which vehicle was being used at

time of accident

PERSONAL USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

**Insurance Company** 

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy

MT/00552151/01 Policy Number

Cover Note Number

Driver

CHANDRASEKARAN S/O SOCKALINGAM Name of Driver

SXXXX055C NRIC No 12/09/1974 Date Of Birth **INDOOR** Occupation 11/02/1995 **Date Of Driving Pass** 

25 YEARS AND 6 MONTHS **Driving Experience** 

Gender

(LOCAL) +65-98594007 Mobile Number

Fax Number

OTHERS-98594007 Contact Number

CHAN0068@LIVE.COM.SG **EMail Address** 

11A WOODLANDS AVENUE 6

#04-06 738993

Postcode

Was driver an employee of the Insured's Company

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

**CLEAR** Weather Conditions DRY Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? YES

Was there any video captured by Car Camera? **FILE TOO BIG** Remarks/ Reasons:

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SJC5446E Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver MUHAMMAD FAHMI BIN ABDUL LATIF

NRIC/Passport Number SXXXX084C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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- 6. The 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
- By the lodgment 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
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

PolicyHolder's Signature
Date & Time
01/09/20

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

ch 19122

Name:

NRIC/FIN No.

SKETCH PLAN
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<del>-</del>	BURIT PANJANG	<b>R</b> D			
A-SGA 9690K B-SJC 5446E	4 16	<b>↑</b>		F7	اری

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT   BURIT PANJANG RING RD
At about 1450 hours, I was driving my ca
SGA 9690k along Slip road & Bulit panjang Ping roal
I had to slow down to and stop to value
way to on coming vehicle from bulet paying
road. At this pareture another car
SJC 5446E, driver by Muhammad Fahmi Bin
Aby Abdul Latit, Neic 59040084C, hit my
car from the back, My car sustained
danaces to the back. My car sustained
ď

DECLARATION

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

Policyholder's Signature
Date & Time:

16.05 hrs (If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: