

AGI 20010601

Vehicle No. \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 (Standard Code)  
 ID / TP / WS / IP RES / OD RES / EVA / INV / MV

Inspected Vehicle No. \_\_\_\_\_

Workshop No. \_\_\_\_\_

of \_\_\_\_\_

Insured \_\_\_\_\_

Policy No. \_\_\_\_\_

Times No. \_\_\_\_\_

and Insured \_\_\_\_\_

Excess \_\_\_\_\_

(Client's Form only)

Make of Veh. \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Balance Market Value \_\_\_\_\_

IDAC Accident Report \_\_\_\_\_

Consistent? : Yes or No

GIA / PR Seen \_\_\_\_\_

Consistent? : Yes or No

Est. Repairs \_\_\_\_\_

days

Res.: Yes or No

Long run \_\_\_\_\_

Val

Yes or No

CA / REV / REP. / 24 HRS

Date \_\_\_\_\_

Person Contacted \_\_\_\_\_

Vehicle: IN / OUT

Date / Time \_\_\_\_\_

Action / Instruction

TP Budget Project

MV

PV

Nett

Vehicle No. SKT231917 or Regn 2015 May  
 Type M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make Mazda 3

or 1496

Colour Silver

A/C Insured / Std / Nil / NA

Sp Reading 29910

T/Radio Insured / Std / Nil / NA

Eng/No. \_\_\_\_\_

C/No. \_\_\_\_\_

JM6BM42A860309207

Gen. Cond. Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake Order / Jammed / Leaked / Burnt or

Modi Nil / S/Rim / STD A/Rim or

Tyre Size

F:

205/55R16

R:

205/55R16

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

TOYO / YOKO or

Front

Rear

R/Bal. 06

mm

R/Bal. 06

mm

L/Bal. 06

mm

L/Bal. 06

mm

D.O.A. 18/9/20

D.O.A. 02/10/20

Survey held at

Automobile Hub.

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

Front n/s.

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

Date/Time: File Photos



: Prel. Report

Date/Time: File Photos



: Final Report

Date/Time: File Photos

5/10/20-Typist

PRS

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation

Order Fee:

☐ Site Insp. \$

☐ Interview \$

☐ Final Insp. \$

☐ Other \$

Other

Other

## 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 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 Report	19/09/2020 11:38
Date Of Accident	18/09/2020 07:50
Exact Location Of Accident	LAVENDER ST TWDS BALESTIER AFTER SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT2319H
<b>Insured Policyholder</b>	
Name Of Registered Owner	KOH GUAN HUAT
NRIC No	SXXXX777G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91319763
Alternative Phone No	OFFICE-91319763

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109284787-01
Cover Note Number	

### Driver

Name of Driver	KOH GUAN HUAT
NRIC No	SXXXX777G
Date Of Birth	15/07/1945
Occupation	INDOOR
Date Of Driving Pass	01/02/1968
Driving Experience	52 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91319763
Fax Number	
Contact Number	OFFICE-91319763
EMail Address	NOEMAIL

Address 165A YIO CHU KANG RD  
Postcode 545618  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OWNER  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information

Type Of Accident COLLISION - CHANGE/CROSS LANE  
Weather Conditions CLEAR  
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Number of vehicles (including own vehicle) involved in the accident 2  
Was any body injured in the Accident? NO  
Was any injured conveyed to hospital by ambulance?  
Was any other material or property damaged? YES  
I have been approached by unknown person(s)<sup>3</sup> soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 1

#### Details of Police

Was the accident reported to the police? NO  
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)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

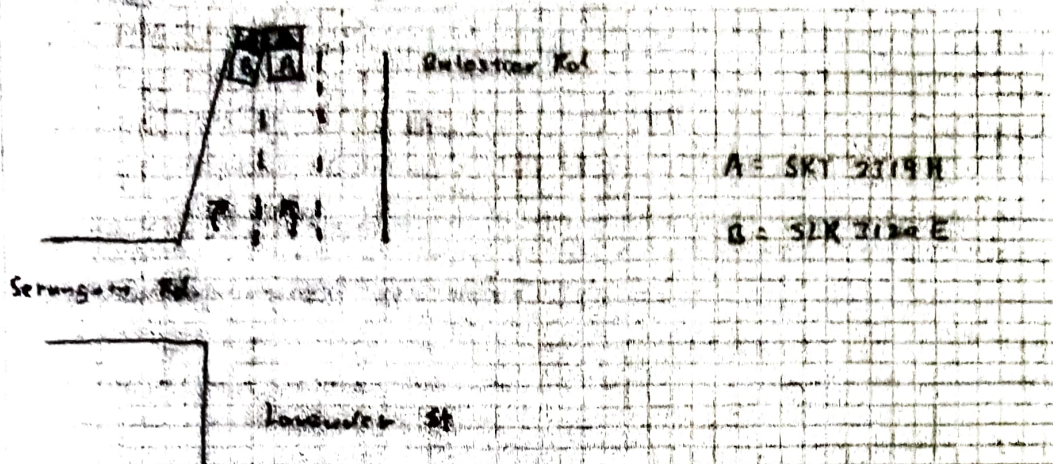
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR3120E  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Balestier St towards Balestier Rd.

After cross the Serangoon Rd Junction, I was on the

Center lane. At that time, I was moving from the center lane

and Extreme left lane. After my vehicle going straight, suddenly


Vehicle B from the extreme left lane try to overtake the

on my left side. As the result, Vehicle B hit over my


Vehicle left hand side.

## DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NR/CIN No.: