

INSURANCE

Estimated Cost
 OD / IP / WS / IP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No.
 at Workshop m/s
 of
 Insured
 Policy No.
 Claims No.
 Sum Insured
 (Client's Record)
 Make of Veh

N/S	O/S

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

Bal. or Market Value
 IDAC Accident Report Consistent? : Yes or No
 GIA / PR Seen Consistent? : Yes or No
 Est. Repairs days Res.: Yes or No
 Turn Sum " 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Reg No: **GBD2345Y**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota Hiace** cc **2982**
 Colour: **Silver** A/C: Insured / Std / NI / NA
 Sp Reading: **161197** T/Radio: Insured / Std / NI / NA

Eng/Ho:

C/Ho:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: **195R15C**

R: **195R15C**

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

Front

R/Bal: **06** mm

L/Bal: **06** mm

D.O.A.

Survey held at

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

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

Date / Time

Action / Instruction

TP Check

MV
 PV
 Nett

Date/Time: File Passes

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Order Fees: ☐ Site Insp. 15
☐ Interview 15
☐ Tech. Insp. 15

Survey Fee:

Transportation

15 x 15 = 225

1500

1500

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	05/10/2020 13:36
Date Of Accident	04/10/2020 07:35
Exact Location Of Accident	1 LORONG 16 GEYLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2345Y
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Insured/Policyholder

Name Of Registered Owner	FTZ ELECTRICAL & SECURITY SYSTEM (S) P L
Co Reg No	2XXXXX555G
Email Address	ONG@FTZ.COM.SG
Mobile Phone No	(LOCAL) +65-98453222
Alternative Phone No	OFFICE-62875758

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.0 (M)
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0000998/02
Cover Note Number	

Driver

Name of Driver	MAH MD YOUSUF
Passport No/FIN	GXXXX581R
Date Of Birth	05/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	07/06/2017
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84860845
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 1 LORONG 16 GEYLANG ROAD

Postcode

Was driver an employee of the Insured's Company YES

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

Type Of Accident COLLIDED INTO PARKED VEHICLE

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 1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 0

Details of Police Action

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

when vehicle GBA5475 B reversing and collided onto right hand rear of our van (GBD 2345Y) while our co van parked at our parking lot front of our shop.

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 GBA5475B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver SARKER KAWSAR

NRIC/Passport Number GXXXX043L

Contact Number

Address

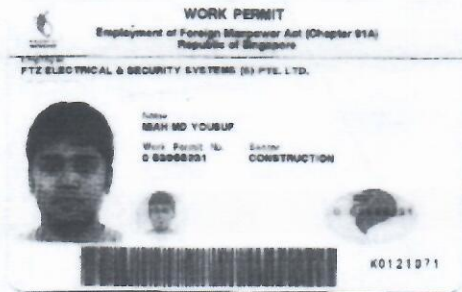
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

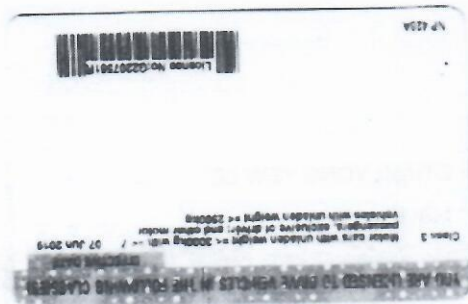
Sketch Plan Pg. 1



Driver

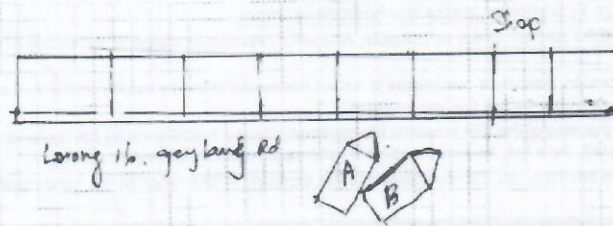


wp.



Accident Sketch Plan Pg. 1

SKETCH PLAN



A GBD 2345Y
B GBA 5475B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When vehicle GBA 5475B reversed and collided onto right hand rear of our van GBD 2345Y. While our van is stationary parked at our parking lot in front of our shop.

DECLARATION

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

Partyholder's Signature
Date & Time

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

Reporting Centre Personnel's signature
Name:
NRIC/ID No: