

ASS. REQ. BY:

Kenneth

REF:

MSG/ 20011525/KH

From:

## ASSIGNMENT

Estimated Cost:

Date:

OD TP WWS / 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:

IDAC Accident Report:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

EST NOT ready

Date/Time, File Pass to?

☐

: Prell. Report

☐

: Final Report

1)

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S - RS. \$

: Extras

: Others

TOTAL

Veh No:

SMD 22614 Yr Regn: 08, 18

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

Truck / Traller or

Make:

Honda Jazz C.C. 1318

Colour:

M. Grey A/C: Insured / Std / NI / NA

Sp. Reading:

25928 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JHMGK 3850 JX 22639

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm or

Tyre Size:

F:

R:

175/65R15

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

## 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 23/10/2020 13:35  
Date Of Accident 23/10/2020 09:15  
Exact Location Of Accident AYE EXIT 11  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD2261A  
**Insured/Policyholder**  
Name Of Registered Owner GOH CHEE HONG  
NRIC No SXXXX522J  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-96690078  
Alternative Phone No Others-96690078  
**Vehicle Particulars**  
Manufacturer HONDA  
Model JAZZ-1.3 CVT (A)  
Exact Purpose for which vehicle was being used at time of accident PTE 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 CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number DMPCSNW00096212000  
Cover Note Number 08/08/2020 - 07/08/2021  
**Driver**



MOTOR CAR SKN1804L E-BRAKE INFRONT, I FOLLOW TOO. NEXT THING I KNEW WAS I WAS INVOLVED IN AN ACCIDENT WITH BOTH SLQ7615Z (BACK CAR) AND SKN1804L (FRONT CAR). NO ONE WAS INJURED.

**Attachment(s)**

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLQ7615Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE HIRE  
Name of Driver HO YONG SERN WINSON  
NRIC/Passport Number SXXXX291D  
Contact Number 91900799  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKN1804L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE HIRE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

Name of Driver	GOH CHEE HONG
NRIC No	SXXXX522J
Date Of Birth	30/09/1962
Occupation	INDOOR
Date Of Driving Pass	14/01/1987
Driving Experience	33 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96690078
Fax Number	
Contact Number	OTHERS-96690078
EMail Address	NOEMAIL
Address	BLK 38A BENDEMEER ROAD #18-816
Postcode	331038
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	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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.	YES
Number of Passengers (Including Driver)	1

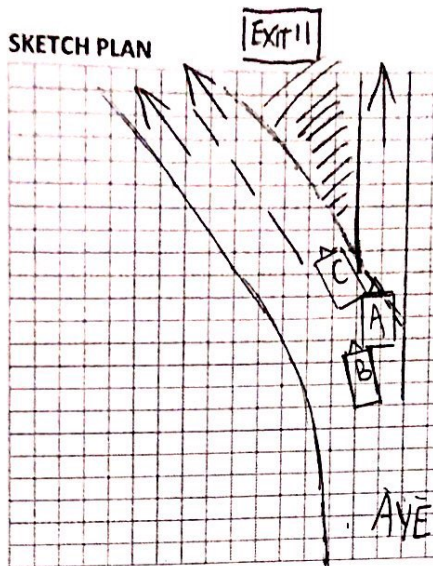
#### Details of Police Action

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



# SKETCH PLAN



A: SMD 2261A  
(alone)

B: SLO 7615Z (PHV)  
(w/ grab passenger)  
Ho Yong Sem Winton  
S7342291D-91900799

C: SKN1804L  
(alone)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SMD 2261A (China)

Date & Time: 23/10/2020 (w) 0915

(clear/dry)

Motor car SKN1804L e-brake in front, i follow too. Next thing i know was i was involved in an accident with both SLO 7615Z (back car) & SKN1804L (front car). No one was injured.

\*Both airbags was activated and emms had assisted to tow to the nearest carpark, ~~whereby~~ subsequently was towed to insurance authorised workshop.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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: (Anex)  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3 ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )