CA / REV / REP. / 24 HRS  Obs. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  Cannot read;  The U/C / Chassis frame / Body Structure affected due to collision.  Cannot read;  The U/C / Chassis frame / Body Structure affected due to collision.  Cannot read;  The U/C / Chassis frame / Body Structure affected due to collision.  Cannot read;  The U/C / Chassis frame / Body Structure affected due to collision.  Cannot read;  The U/C / Chassis frame / Body Structure affected due to collision.  Cannot read;  The U/C / Chassis frame / Body Structure affected due to collision.  Cannot read;  Cannot re	Estimated Cost  OD IMPUNS ITPRES I OD RES I EVA I INV I MV To Inspect Vehicle No: at Workshop m/s  Insured: Policy No.  Claims No.  Sum Insured:  (Clent'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 Rport: Consistent?: Yes or No  Gan. Accident Rport: Consistent?: Yes or No  Gan. Cond.:  Est. Repairs: Consistent?: Yes or No  Lum Sum:  20 % 3 Val.: Yes or No  Cal / REV / REP / 24 HRS  CA / REV / REP / 24 HRS  Des. of Damages: Frt / REAT O/S / N/S / U/C / Rooftop or  Date:  Parson Contended:  Veh No: SMT 2124 D Yr Regn: DA / Prime Mover  Truck / Traller or  Make:  AC: Make:  AC: Make: AC: Make: AC: Make: AC: Make: AC: Make: AC: Make: AC: Make: AC: Make: AC: Colour  Ande: Accident Poor / Burnt Steering: Ingraf / Jammed / Leaked / Burnt or Modi: NII JERRID / STD AIRIm or Tyre Size: R:  23 5 / 4 CR / Reat.  Toyo / Yoko or  Eron! Reat. Amm. RBa!. Amm. RBa!. Amm. RBa!. Amm. RBa!. Amm. ABa!. Amm. Amm. Aba!. Amm. Amm. Amm. Amm. Amm. Amm. Amm. Am	
Estimated Cost  OD For Wis TT RESTOR RESTEVATINATING  To inspect Webide No: at Workshop m/s  This May May  Inspect Webide No: at Workshop m/s  This May May  Cloims No. Claims N	Estimated Cost:  OD LOT WIS TO RES / EVA/INV/MV  To Inspect Vehicle No:  at Workshop m/s  Thian / La / Mus  Of Sp.Reading / 1/2. 75 1 Tradic: Insured / Std  Insured:  Eng/No:  Claims No.  Sum Insured:  (Client's Record)  Make of Vehi:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Gla / PR Seen:  Consistent?: Yes or No  Lum Sum:  100 % 3 Val.: Yes or No  CA / REV / REP / 24 HRS  OD A TEN / Color / Taxi / Prime Mover  Truck / Traller or A)  Make; Muscycle / Bus / Van / Lorry / Taxi / Prime Mover  Truck / Traller or A)  Make; Muscycle / Bus / Van / Lorry / Taxi / Prime Mover  Truck / Traller or A)  Make:	
Truck IT PRES I OD RES I EVA JINY JINY  To inspect Vehicle Mic at Workshop m/s  of Insured: Policy No. Claims No. Con. Con. Claims No. Con. Claims No. Con. Con. Claims No. Con. Claims No. Con. Claims No. Con. Claims No. Con. Con. Claims No. Con. Con. Claims No. Con. Con. Claims No. Con. Con. Con. Con. Con. Con. Con. Co	Type: KCB/M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover Truck / Trailer or A.  at Workshop m/s	. 11
Truck   Trailler or A   Make:	To inspect Vehicle No:  at Workshop m/s  Thiam I ky I hun  of  insured:  Policy No.  Claims No.  Sum insured:  Excess:  (Cilent's Record)  Make:  Colour  M. Black  AC:  Insured I Std  Sp.Reading  I 12. 75 7 T/Radio:  Insured I Std  Eng/No:  C/No:  WOO 2040 45 2 A 4 3  Gen. Cohd: Good Fair I Poor I Burnt  Steering: Ingred I Jammed I Leaked I Burnt or  Brake: Ingred I Jammed I Leaked I Burnt or  Mod:  NII I BRID I STD A/Rim or  Tyre Size:  F:  R:  23 3 / 40 Rif  RBal.  TOYO / YOKO or  Est. Repairs:  DAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  CA / REV / REP. / 24 HRS  Des. of Darmages: Frt / REAT O/S / N/S / U/C / Rooftlop or  Date:  Person Contended:  NS OVS  Survey held at  Des. of Darmages: Frt / REAT O/S / N/S / U/C / Rooftlop or  Date:  Person Contended:  NS OVS  Survey held at  Des. of Darmages: Frt / REAT O/S / N/S / U/C / Rooftlop or	!
To inspect Vehicle No:  at Workshop m/s  of at Workshop m/s  of insured:  Policy No.  Claims No.  Con.  Chol:	To inspect Vehicle No:  at Workshop m/s  Thism / Ly / Musy  of  Insured:  Policy No.  Claims No.  Sum Insured:  Excess:  (Cilent'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 Rport:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Est. Repairs:  CA / REV / REP. / 24 HRS  Colour  Make:  NO  Black AC:  Insured Istd  Sp.Reading Insured: Stefing: Insured: Insured: Stefing: Insured: Insured: Stefing: Insured: Insure	1
an worker mis  of insured:  Policy No.  Claims No.  Sum housed:  Excess:  Claims No.  Coo.  WDO 2004524 49335  Gen. Cohd: 60697 Fair / Poor / Burnt  Sizering: Ingreat / Jammed / Leaked / Burnt or  Make of Veh:  Make of Veh:  Make of Veh:  Sizering: Ingreat / Jammed / Leaked / Burnt or  Mod:  NI LERIP / STD ARIM or  Tyre Size:  F:  233/40R/f  Bak:  NS OO  Tyre Size:  F:  33/40R/f  Road:  Toryo / Yoko or  Erop!  Survey held at  Do. A. / / / / / / / / / / / / / / / / / /	colour M. Black AC: Insured I Std Sp.Reading 110. 757 T/Radio: Insured I Std Sp.Reading 110. 757 T/Radio: Insured I Std Eng/No:  Claims No.  Claims No.  Sum Insured:  Excess:  (Cfent'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 Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Lum Sum:  CA / REV / REP. / 24 HRS  Colour  M. Black  AC: Insured I Std  Finance / Std  Finance / Std  Eng/No:  C/No:  WOO 2 640 452 4 4 5  Gen. Cond: Good? Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Modi:  NIS O/S  R:  D35/40 Rift  BS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM  TOYO / YOKO or  Eren!  Rear  R/Bal.  Toyo / YOKO or  Eren!  Rear  R/Bal.  Toyo / YOKO or  Eren!  Rear  D.O.A. / T/2/20  Survey held at  Des. of Damages: Frt / Rear Tors / NIS / U/C / Rooftop or	- 0
Insured: Ins	Sp.Reading //2.757 T/Radio: Insured / Std Eng/No:  Policy No.  Claims No.  Sum Insured: Excess: Steering: Ingrefit / Jammed / Leaked / Burnt or Make of Veh:  Make of Veh: Steering: Ingrefit / Jammed / Leaked / Burnt or Mod!: NII LeRRIN / STD A/Rim or Tyre Size: F:  (Policy Condition)  Remark: The veh had commenced its repair at the time of Inspection.  Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: 20 % 3 Val.: Yes or No  Date: Parson Contacted:  Sp.Reading //2.757 T/Radio: Insured / Std Eng/No:  C/No: WDO 2040452 A 4 5  Gen. Cond: Good? Fair / Poor / Burnt  Steering: Ingrefit / Jammed / Leaked / Burnt or  Mod!: NII LeRRIN / STD A/Rim or  Tyre Size: F:  BS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM  TOYO / YOKO or  Eron! Rear  TOYO / YOKO or  Eron! TOYO / YOKO or  Eron!	
EngNo:   EngNo:   Color:   EngNo:   Englo:   Engno:   E	Insured:  Policy No.  Claims No.  Sum Insured:  Excess:  (Cflent'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 Rport:  GIA / PR Seen:  Consistent?: Yes or No  Lum Sum:  CA / REV / REP. / 24 HRS  Carbon Sum Insured:  Excess:  (Cflent's Record)  Gen. Cond: Googl Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  WOO!: NIII / BRRT / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Mod!: NIII / BRRT / STD A/Rim or  Tyre Stze:  R:  235/ 40 Rif  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHT SU / PIR / SUM  TOYO / YOKO or  Fron!  Rear  R/Bal.  Amm R/Bal.  J. Man.  D.O.A. / F//2/20  Survey held at  Des. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or  Date:  Parson Contraded:  Vehicle: IN / OUT	
Color No.  Claims No.  Sum issured:  Excess:  (Clients Record)  Make of Veh:  (Pokey Condition)  Remark: The veh had commenced its repair at the time of Inspection.  Bal. or Market Value:  IDAC Accident Report  Consistent?: Yes or No  Est. Repairs:  GA / REV / REP. / 24 HRS  Date:  Date: / Time, Pars Not Contacted:  Date / Time  Action / Instruction  Person  Consistent Pars No  Survey Note of Damages: Fri / Rest / OIS / NIS / UIC / Reoftep or  The UIC / Chassis frame / Body Structure affected due to collision.  Add Fee: Steinsport  Add Fee: Steinsport  Steinsport  Add Fee: Steinsport  Steinsport  Survey No. of Trip: Survey Fee: Insport  Insportator  Survey No. of Trip: Survey Fee: Insport  Insportator  Add Fee: Steinsport  Tree, The Return Not  Tech Invest (S. ) Person  Tech Invest (Pers	Claims 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 Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Lum Sum: 20 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Calaims No.  Cond: Good? Fair / Poor / Burnt  Steering: Inprofer / Jammed / Leaked / Burnt or  ModI: NII / BrRim / STD A/Rim or  Tyre Size: F:  R: 233/ 40 Rif  BS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM  TOYO / YOKO or  Eron! Real Tmm R/Bal. Tmm R/Bal. Tmm L/Bal.	INIINA
Sum insured: Excess:   Sient poor i Burnt   Sienting input of i Jammed / Lesked / Burnt or	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 Rport: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: 20% 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Gen. Cond: Good Fair / Poor / Burnt  Sieering: Inorder / Jammed / Leaked / Burnt or  Modl: Nil   MR/Im / STD A/Rim or  Tyre Size: F:  R: 235/40 Rif  BS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHT SU / PIR / SUM  TOYO / YOKO or  Fron! Rear  R/Bal. 7 mm R/Bal. 7  D.O.A. / 7 / 12/20 D.O.I. / 18/ / 12/  Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or	2220
Sum insured: Excess:  (Clent's Record)  Make of Ven:  (Pooky Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No.  GIA / PR Sean: Consistent?: Yes or No.  CLEST. Repairs: days Ress: Yes or No.  CLUM Sum: JO % 3 Val.: Yes or No.  CLA / REV / REP / 24 HRS  O 130  Date: Person Contacted:  Date / Time Action / Instruction  CET NOT TRANS  The UIC / Chassis frame / Body Structure affected due to collision.  The UIC / Chassis frame / Body Structure affected due to collision.  Add Fee: Site Insp (\$ \$-RS. \$)  Interview (\$ \$-RS. \$)  Tech Invs (\$ \$-RS. \$)	Sum Insured: Excess:  (Cilent'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 Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: 20 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Steering: Ingreer / Jammed / Leaked / Burnt or  Modi: Nil L8RRim / STD A/Rim or  Tyre Size: F:  BS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM  TOYO / YOKO or  Fron! Rear  R/Bal. 7 mm R/Bal. 7  D.O.A. / 7 / / / / / / / / / / / / / / / / /	33Y
Collent's Record)   Make of Veh:   Brake:   Ingress / Jammed / Leaked/Burnt or	Collent's Record)   Make of Veh:   Modi: Nill 18/Rim 1 STD A/Rim or	
Modi: NII Let Rip   STD A/Rim or Tyre Size: F: R: 233/PCRIP  Remark: The veh had commenced its repell at the time of inspection.  Bal. or Market Value: IDAC Accident Root: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No DIA / PR Seen: Consistent?: Yes or No CA / REP / 24 HRS  OB / Survey held at Des. of Damages: Frt / Rea / O/S / N/S / U/C / Rooftop or  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Object / Time Action (Instruction  CHANT COMP.  Add Fee: Site Insp (\$ ) Survey Fee: Interview (\$ ) Ferror  Tech Invs (\$ ) Person  Tech	Modi: NII LETRIN / STD A/Rim or Tyre Size: F:  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Lum Sum: Qo % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Parson Conforded:  Modi: NII LETRIN / STD A/Rim or  Tyre Size: F:  BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM  R: 233 / CORIF  BS: DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM  TOYO / YOKO or  Front Rear  R/Bal. T mm L/Bal. T  D.O.A. / T / 12/20  Survey held at  Des. of Damages: Frt / Rear 7 O/S / N/S / U/C / Rooftop or	
Poday Condition   Parmark: The weh had commenced its repair at the time of inspection.   N/S O/S   DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or   Etcol   Rear   R/Bai   Toyo / YOKO or   Etcol   Etcol   Toyo / YOKO or   Etcol   Toyo / YOKO or   Etcol   Toyo / YOKO or   Etcol   Etcol   Toyo / YOKO   Toyo / YOK	(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  CA / REV / REP. / 24 HRS  Date:  Parson Contacted:  Tyre Size:  F:  R:  235/FORIF  BS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM  TOYO / YOKO or  Fron!  Rear  R/Bal.  A mm  R/Bal.  Fmm  L/Bal.  Fmm  L/Bal.  Do. O.A. / F / / 2/2/2  Survey held at  Des. of Damages: Frt / Rear  O/S / N/S / U/C / Rooftop or  Date:  Parson Contacted:	
(Poday Condition)  Remark: The weh had commenced its replired the time of inspection.  Bal. or Market Value:  IDAC Accident Rport Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  LUBAL T mm UBAL T mm  CA / REV / REP. / 24 HRS  Old Yers or No  Old: Person Contocted:  Date: Person Contocted:  Date / Time Action / Instruction  Consistent?: Yes or No  Date: See Parson Contocted:  Date / Time Action / Instruction  Contocted: Date / Time Action / Instruction  Contocted: Date / Time Action / Instruction  Contocted: Date / Time Action / Instruction  Contocted: Days Of Repair:  Resurvey No. of Trip: Survey Fee:  Interview (S ) Final Report  The Unit of Instruction  The Instruction (S ) Final Report  Th	Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  CA / REV / REP. / 24 HRS  Des. of Darmages: Frt / Rear O/S / N/S / U/C / Rooftop or Date:  R: 233/40Rif  BS/ DUN / EXNOVA / GY / FS / LiZA / MIC / OHTSU / PIR / SUM  TOYO / YOKO or  Front  Rear  R/Bal.  A mm  L/Bal.  Fmm  L/Bal.  Dos. of Darmages: Frt / Rear O/S / N/S / U/C / Rooftop or Date:  Person Contacted:	
The Line of Inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent? : Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  CA / REV / REP. / 24 HRS  Of 30  Person Contacted:  Date / Time  Action / Instruction  CHART Report  Date / Time  Action / Instruction  CHART Report  Char	repair at the time of inspection.  Bail or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  CA / REV / REP. / 24 HRS  Des. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or Date:  Person Contacted:  N/S O/S  BS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHT SU / PIR / SUM  TOYO / YOKO or  Front  Rear  R/Bai.  Amm R/Bai.  Amm L/Bai.  Fmm L/Bai.  Do.O.A. / 7/12/20  Survey held at  Des. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or Date:  Des. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or Date:	<del></del>
repair at the time of inspection.  Bail or Market Value:  IDAC Accident Rport  GIA / PR Seen:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  D. A. J F//2/J D  Survey held at  Des. of Damages: Frt / Rear? O/S / N/S / U/C / Repairs.  Date / Time  Action / Instruction  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  Add Fee:  Site Insp (\$	repair at the time of inspection.  Bail or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  CA / REV / REP. / 24 HRS  Des. of Damages: Frt / Rear   O/S / N/S / U/C / Rooftop or Oate:  Parson Contacted:	
Bal or Market Value:  IDAC Accident Roort: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP, / 24 HRS Office: Not Consistent?  Date / Time   Accident / Instruction   Accident / Instruction   Accident / Instruction   Consistent   Consist	Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  days Res.: Yes or No  Lum Sum:  CA / REV / REP. / 24 HRS  Des. of Damages: Frt / Rear   O/S / N/S / U/C / Rooftop or Date:  Person Contacted:	11
IDAC Accident Roort	IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: 20 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Oate: Person Contacted:  Vehicle: IN / OUT	····
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Des. of Damages: Frt / Rear O/S / N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  Time, File Pass to? Prell. Report Resurvey No. of Trip: Survey Fee: Transportation: Survey Fee: Interview (S ) S-RS_SI Interview (S ) Feet See Of Pass See Of Pas	GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No  Lum Sum: 20 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Oate: Person Contacted:  Consistent?: Yes or No  Vehicle: IN / OUT  Note: The seen: mm R/Bal.	
Est. Repairs:  days Res.: Yes or No Lum Sum:  Date:  Person Contacted:  Date:  Time, File Pass to?  Prell. Report  Time, File Return to?  Add Fee:  Sum / L.B.   Site Insp (\$   S-RS_S    S-RS_S     Interview (\$   S-RS_S    S-RS_S     Date:  Date:  Survey held at  D.O.A. / / / / / / / / / / / / / / / / / /	Est. Repairs:  days Res.: Yes or No  Lum Sum:  20 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  01/30 . Vehicle: IN / OUT  Date: Person Contacted:  Vehicle: IN / OUT	mm
Lum Sum:    D	Lum Sum: 20% 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Oate: Person Contacted: Vehicle: IN / OUT  DOA: / F / / 2/ / O / Survey held at  Des. of Damages: Frt / Rear   O/S / N/S / U/C / Rooftop or Oate: Person Contacted:	יחתו
CA / REV / REP. / 24 HRS O1130 Date: Person Contacted: Des. of Damages: Frt / Resr. O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  OTIME, Fig. Pass to? Prell. Report Days Of Repair:  Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  OTIME, Fig. Pass to? Structure affected due to collision.  OTIME, Fig. Pass to? Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  Action / Interview / Intervie	CA / REV / REP. / 24 HRS  Olate: Vehicle: IN / OUT  Date: Person Contacted:  Vehicle: IN / OUT	120
Date:	Office: Parson Contacted: Vehicle: IN/OUT	
Date / Time   Action / Instruction   Action / Instruction   Chassis frame / Body Structure affected due to collision.    Time   Action / Instruction   Chassis frame / Body Structure affected due to collision.    Time   File   Pass 107   Chassis frame / Body Structure affected due to collision.    Time   File   Pass 107   Chassis frame / Body Structure affected due to collision.    Time   File   Pass 107   Chassis frame / Body Structure affected due to collision.    Time   File   Pass 107   Chassis frame / Body Structure affected due to collision.    Time   File		
Errort ready	Date / Time   Aut   1	no Wala-
Time, File Pass to?    Prell. Report   Days Of Repair:   Resurvey No. of Trip:   Survey Fee:	Date / Time   Action / Instruction	collision.
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Final Report   Resurvey No. of Trip:   Survey Fee:	Days Of Repair:	
Add Fee: : Site Insp (\$	: Final Report Resuppose No. 47	,
ort Format :    Site Insp (\$   S - RS_S    S   S   S   S   S   S   S   S   S		
ort Format : : Interview (\$ ) Finess  Sum / I.B.I; (\$ ) Others	Add Fee!   Site land /t	
D Sum / I.B.I; (S ) Others	Intended (5	· <del></del> ·· ,
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SA1820500001 / AH LIM MOTOR COMPANY (BRANCH) ENTRY DATE & TIME: 18/12/2020 10:17 (SGT)
SUBMITTED BY: GERALD CHEW VERSION: 1 (18/12/2020 10:17 (SGT))

# SINGAPORE ACCIDENT STATEMENT

IMPURIANT NUTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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.

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 Any false reporting may be referred to the Police for investigation.
 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.
 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 **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

18/12/2020 10:17 (SGT) 17/12/2020 12:30 (SGT) 2450 Ang Mo Kio Ave 8, Ang Mo Kio, Singapore 569811 ANG MO KIO AVE 8 Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMT2124D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

SHARIFFAH FAIZAH BINTE SYED IBRAHIM No SXXXX062Z SHARIFFAHFAIZAH@GMAIL.COM (Phone) +65-98750582 (Office) +65-98750582

VEHICLE PARTICULARS

Manufacturer Model Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Private use

Mercedes

C180

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

**Tokio Marine** Comprehensive No MR004166

22/07/2021 TO 21/07/2021

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SHARIFFAH FAIZAH BINTE SYED IBRAHIM SXXXX062Z 26/11/1977 Indoor

Accident report SA1820CI0001

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**Date Of Driving Pass Driving experience** Gender Mobile Number Alt. Phone Number **Email Address** Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police? Police Station Name Police Station Phone No. Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

SMD8895G

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03/04/2002 18 YEARS AND 8 MONTHS **Female** (Phone) +65-98750582 (Office) +65-98750582 SHARIFFAHFAIZAH@GMAIL.COM **BLK 604B TAMPINES AVE 9 #06-876** 

522604 Yes

No

Collision - Head to Rear

Clear Dry

2

Yes No Yes

2

No

NORSURIA BTE NORHAN

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

#### SKETCH PLAN

### IMPORTANT NOTICE

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- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

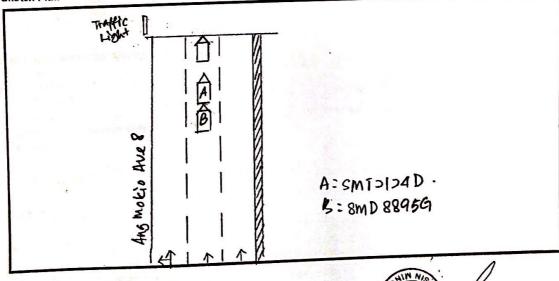
lunderstand, acknowledge, agree and consent that:

- (a) My insurer , my w orkshop 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 energy process my personal data personal information set out in this from any other personal information provided by 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers insurers are fixed from the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ii) Investigating the accident and/or my claims;
- (fil) 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 invoive disclosure of certain personal data about no 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.

#### Sketch Plan



Policyholder's Signature / Date &

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

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Kengan #2

Describe Circumstances of the was driving a	ilona Ana	Mu Lio Are 2	8 and stopped at
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admitted has	hit my	car.	nogrea as we
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			78.
you own policy. Kindly check	k with your own insur	iays timeframe for you to subner for more information.	nit own damage claim under
Claim OD/TP at Ah Lim M Wo declare the foregoing particulars a	V	OD/TP at other workshop	Reporting Only
Policyholder's Signatura / Date &	Dr. Maria Sinnahura (H. dr.)	98750582 For is not the policy holder) / Date	Winesed by Reporting Centre