

ASS. REC. BY:

REF:

AIG/

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

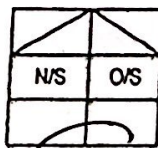
Excess:

(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 Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 5-6 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SM149315L

Yr Regn:

08, 15

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

Truck / Trailer or

Make:

Toy Alphard c.c. 2494

Colour

M. Black AC: Insured / Std / NI / NA

Sp. Reading

157075 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTNGF30H508000183

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NII / S/Rlm / STD / Rlm or

Tyre Size:

F:

235/50R18

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

22/12/20

D.O.I.

23/12/2020

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.

Date / Time

Action / Instruction

23/12

ETA not ready, David said likely part by part, unable to locate 2nd parts.

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

S - RS - SI

Fees

Others

TOTAL

|  |
|--|
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Report Format:

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



# 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 Submission ..... 22/12/2020 18:23 (SGT)  
Date of Accident ..... 22/12/2020 07:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLIP RD- MANDAI RD TOWARDS SEMBAWANG RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMH9315L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... EDM I LIMITED  
Company Reg No ..... 1XXXXX694K  
Email Address ..... sg\_corp\_office@edmi-meters.com  
Mobile Phone No ..... (Phone) +65-67562938  
Alternative Phone No ..... (Office) +65-67562938

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... ALPHARD 2.5 CVT ELEGANCE S/R  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSN3057741900  
Cover Note Number ..... 30/07/19-29/07/20

### DRIVER

Name of Driver ..... RAJENDRA NAIDU S/O GOVINDASAMY NAIDU  
NRIC No ..... SXXXX300F  
Date Of Birth ..... 03/01/1960  
Occupation ..... Indoor



Date Of Driving Pass ..... 10/11/1984  
 Driving experience ..... 36 YEARS AND 1 MONTH  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-91569412  
 Alt. Phone Number .....  
 Email Address ..... sg\_corp\_office@edmi-meters.com  
 Address ..... BLK 402 PANDAN GARDENS #03-06  
 Address complement .....  
 Postcode .....  
 Is the driver the policyholder? ..... No  
 If No, Relationship of the Driver with the Insured ..... Employee  
 Does Driver Own Other Vehicles? ..... No  
 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 ..... Collision - Head to Rear  
 Weather Conditions ..... Clear  
 Road Surface ..... Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
 Number of vehicles involved in the accident ..... 2  
 Was anybody injured in the Accident? ..... No  
 Was any injured conveyed to hospital by ambulance? .....  
 Was any other material or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 1  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... No  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? .....

#### CIRCUMSTANCES OF ACCIDENT

I STOP AT THE SLIP ROAD FROM MANDAI RD TOWARDS SEMBAWANG RD TO LOOK OUT FOR TRAFFIC ON THE MAIN ROAD. OUT OF SUDDEN, I FELT AN IMPACT ON THE REAR AND REALIZED M/CAR(B) HAD COLLIDED ONTO MY VEHICLE. BOTH DRIVERS ALIGHTED TO CHECK AND WE EXCHANGED PARTICULARS. I WAS ALONE AT THAT TIME. NO ONE WAS INJURED.

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... No  
 Was there any audio recorded? ..... No

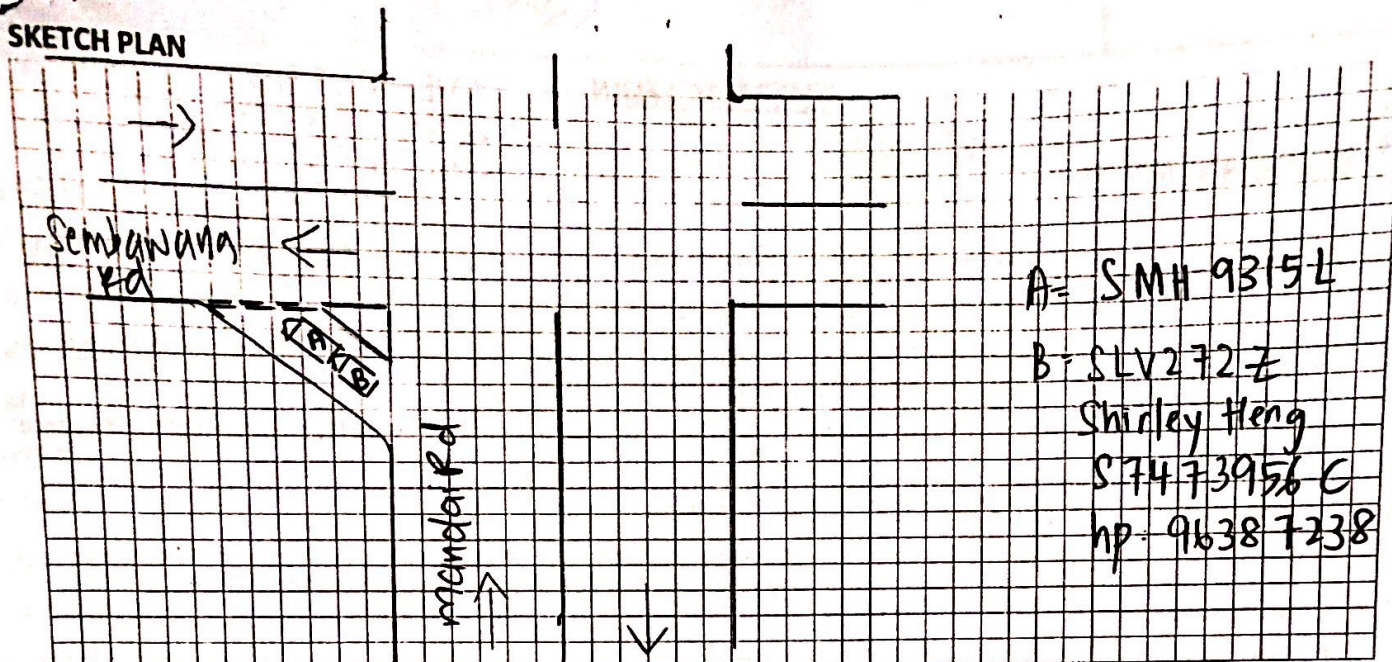
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLV272Z  
 Vehicle Manufacturer .....  
 Vehicle Model .....  
 Vehicle Variant .....  
 Vehicle Colour .....  
 Vehicle Category ..... Private car  
 Name of Driver ..... SHIRLEY HENG  
 NRIC No ..... SXXXX956C  
 Contact Number ..... (Phone) +65-96387238  
 Address .....

Accident report SC1G20CM0004



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop at the slip road from mandai rd towards Sembawang rd to look out for traffic on the main road. Out of sudden, I felt an impact on the rear and realized m/car (B) had collided onto my vehicle.

Both drivers alighted to check and we exchanged particulars. I was alone at that time. No one was injured.

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.



GIAMC Sketch/Plan form No. 1/2018

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

Reporting Centre Personnel's Signature  
Name: Eteeda. (YS)

22/12/20