

REF:

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: _____

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SGV5648A Yr Regn: 2015/July

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

Truck / Trailer or

Make: Honda Jazz C.C. 1498

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 129092 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHMGKS850FX203547

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: 185/55R16

R: 185/55R16

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

TOYO / YOKO or

Front		Rear	
R/Bal. <u>06</u>	mm	R/Bal. <u>06</u>	mm
L/Bal. <u>06</u>	mm	L/Bal. <u>06</u>	mm
D.O.A.		D.O.I. <u>19/03/21</u>	

Survey held at Ryder

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

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

[illegible]

☐ : Prel. Report
☐ : Final Report

2) $\frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$

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

Resurvey No. of Trip:

☐ : Weekend (6)

Others

SS1Y213I0006 / SME MOTOR PTE LTD
 ENTRY DATE & TIME: 18/03/2021 14:02 (SGT)
 SUBMITTED BY: Chia Pei Ying
 VERSION: 1 (18/03/2021 14:02 (SGT))



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	18/03/2021 14:02 (SGT)
Date of Accident	18/03/2021 09:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS BEFORE JALAN BAHAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV5648A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEOW AIK HOE
NRIC No	SXXXX573B
Email Address	seowaihoe@yahoo.com
Mobile Phone No	(Phone) +65-96220725
Alternative Phone No	+65-96220725

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10190444R01
Cover Note Number	-

DRIVER

Name of Driver	SEOW AIK HOE
NRIC No	SXXXX573B
Date Of Birth	21/01/1976
Occupation	Indoor



Date Of Driving Pass	10/10/2002
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96220725
Alt. Phone Number	+65-96220725
Email Address	seowaikhoe@yahoo.com
Address	BLK 517 JELAPANG ROAD #07-195
Address complement	-
Postcode	670517
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - I 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 WAS TRAVELLING ALONG PIE TOWARDS TUAS BEFORE JALAN BAHAR EXIT. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR ENDED MY VEHICLE.

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	GBJ6949Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident - VEHICLE B
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SEOW AIK HOE
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SGV5648A
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN #2

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TOWARDS TUAS BEFORE JALAN BAHAR EXIT. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENT LATER WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE.

DECLARATION

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

AB 19/03/21
Policyholder's Signature
Date & Time:

AB
Driver's Signature
(If other than policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Date & Time: