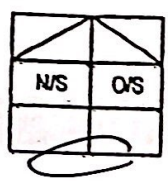


From: _____ Date: _____
 Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MV
 To Inspect Vehicle No: _____
 at Workshop n/s Thion / kg / huy
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

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



Bal. or Market Value: P
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 06 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS
07/21
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SGK 578014 Yr Regt: 08, 06
 Type: MCar / MCycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or MPV
 Make: Toy Wish cc 1794
 Colour: _____ AC: Insured / Std / NI / NA
 Sp. Reading: 27882 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 3N210 031782
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brakes: Inorder / Jammed / Leaked / Burnt or
 Mod: NI / SR / STD A/Rim or
 Tyre Size: F: 195/65R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: _____ Rear: _____
 R/Bal. 7 mm R/Bal. 8 mm
 L/Bal. 7 mm L/Bal. 8 mm
 D.O.A. 27/3/21 D.O.I. 30/3/2021
 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
<u>1</u>	<u>Est not ready</u>

Date/Time, File Pass to? ☐ : Prell. Report
☐ : Final Report
 1) _____
 Date/Time, File Return to?

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech Invs (\$ _____)
☐ : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 S - RS. _____
 Extras _____
 Others _____
 TOTAL _____

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	29/03/2021 16:21 (SGT)
Date of Accident	27/03/2021 13:05 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK5780H
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	168 AUTO SERVICES PTE LTD
Company Reg No	2XXXXX944C
Email Address	THIAMHENGHUAT@GMAIL.COM
Mobile Phone No	(Phone) +65-82636295
Alternative Phone No	+65-82636295

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5116005223-01
Cover Note Number	-

DRIVER

Name of Driver	LEE CHEE TIONG
NRIC No	SXXXX811H

Date Of Birth
Occupation
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

16/09/1972
Outdoor
29/10/1997
23 YEARS AND 5 MONTHS
Male
(Phone) +65-92481891
-
WINSTONLEE1972@GMAIL.COM
575 WOODLANDS DRIVE 16 #08-536
-
730575
No
Hirer
No
-
-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
Weather Conditions
Road Surface

Collision - Head to Rear
Raining
Wet

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? Yes
Police Station Name Traffic Police
Police Station Phone No (Phone) +65-65470000
Alt. Police Station Phone No (Fax) +65-65474900
Police Station Address 10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN / POLICE REPORT

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 GBJ6432X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Goods vehicle

Date of accident: 27/03/2021

Veh A: SGK 5730H

Time: 1.05 pm

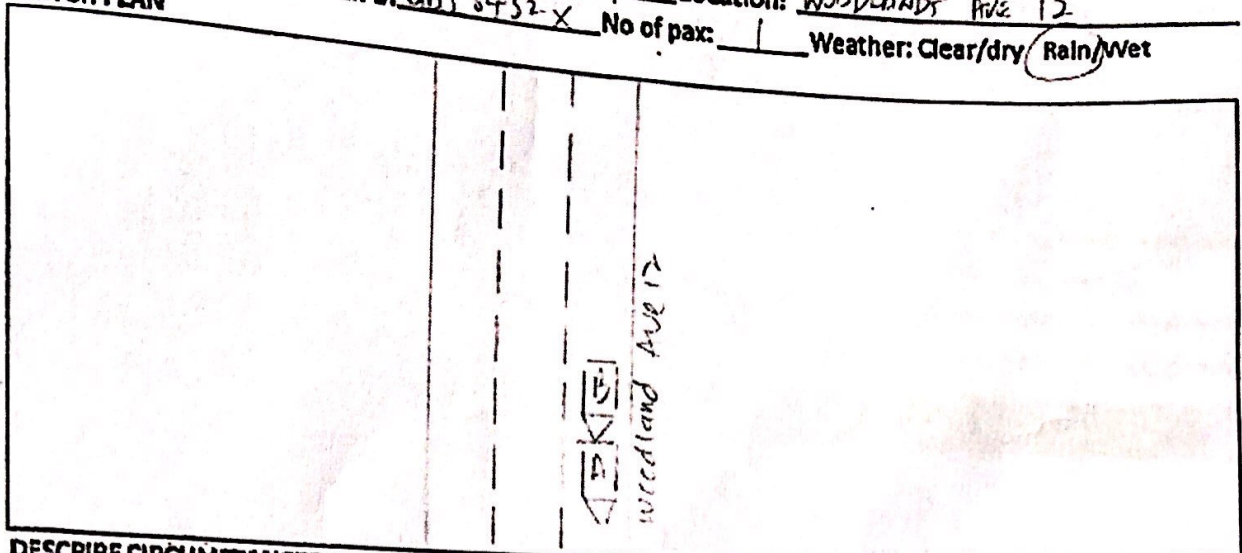
Location: WOODLANDS AVE 12

SKETCH PLAN

Veh B: GBT 6432-X

No of pax: 1

Weather: Clear/dry (Rain/Wet)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHEN I WAS TRAVELLING ON WOODLANDS AVE 12 TOWARD ME 55 (NEAR LAMPPOST No. 52) AT EXTREME LEFT LANE ON 27/03/2021 AROUND 1.05 PM, MY VEHICLE (SGK 5730 H) WAS HIT FROM BEHIND BY VEHICLE No. GBT 6432 X DRIVEN BY MR. XU CHANG CHENG (NRIC No. S7228616 I).

Police report no T/200210328/7006

☐ Claim OD/TP at Falcon-Air

☒ Claim OD/TP at other workshop

☐ Reporting Only

Remarks: Please forward a copy of my after accident report to:

My workshop:

Email address:

& myself:

Email address: winstonle@172@yahoo.com.hk up: 92481891

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
Date & Time: 27/3/21

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/3/21

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: