

REF:

CS/AGI21004705/Aqf3

ASS. REC. BY:

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. **C10009822/JM**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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: **3** days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SK 47376 C** Yr Regn: **2020 / oct.**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Hyundai Avente** C.C. **1591**Colour: **Black** A/C: Insured / Std / NI / NASp. Reading: **15650** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **KMH D841CMLH100971**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: Nil / **S/Rim** / STD A/Rim orTyre Size: F: **205/55R16**R: **205/55R16**

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

TOYO / YOKO or

Front _____ Rear _____

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. _____ D.O.I. **19/04/21**Survey held at **CAS**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
	TP Budget Direct
	LS \$1600, 3 days (Red \$4059.36, 72%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1) **06/09 Typist**

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final ReportDays Of Repair: **3**Resurvey No. of Trip: **1**

Survey Fee:

Transportation:

3 + PS. SI

Photos

Others

TOTAL

Report Format: **TP**Lump Sum / **1600**Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

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	13/04/2021 09:45 (SGT)
Date of Accident	12/04/2021 08:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS TUAS BEFORE JLN BAHAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG7376C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHANRAJ S/O YOGESWARAN
NRIC No	SXXXX788D
Email Address	y_mohanraj@outlook.com
Mobile Phone No	(Phone) +65-93808657
Alternative Phone No	+65-93808657

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P2415999
Cover Note Number	-

DRIVER

Name of Driver	MOHANRAJ S/O YOGESWARAN
NRIC No	SXXXX788D

Date Of Birth	02/07/1987
Occupation	Indoor
Date Of Driving Pass	08/01/2007
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93808657
Alt. Phone Number	+65-93808657
Email Address	y_mohanraj@outlook.com
Address	BLK 785C WOODLANDS RISE #13-74
Address complement	-
Postcode	733785
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 - Head to Rear
Weather Conditions	Clear
Road Surface	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?	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

ON 12/04/2021 AT ABOUT 0815HRS, I WAS TRAVELLING STRAIGHT ROAD ALONG PIE TOWARDS TUAS BEFORE JALAN BAHAR EXIT 36. THE VEHICLE IN FRONT OF ME STOPPED DUE TO SLOW TRAFFIC, I FOLLOWED SUIT. VEHICLE B WAS UNABLE TO STOP IN TIME AND COLLIDED ONTO THE REAR PORTION OF 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	SJT663M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KING KOK
Contact Number	(Phone) +65-92233876

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

SKETCH PLAN

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 Authorized Driver.
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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. The 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 lodging of this report to the insurers, you hereby consent to the archiving of this report in the centre and to release of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop 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 possessed by my insurer (collectively are "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured my (my) involved in this accident vehicle(s) who have insured vehicle(s) involved in this accident that be collectively referred to as the "Insurers", the Insurers' representative firms, the Monetary Authority of Singapore and any relevant government agency (authority both on and online), for the purpose(s) of:
 - (i) assessing, handling and/or dealing with my claim, including the settlement of the claim over my insurance, investigation and/or on the claim;
 - (ii) investigating the facts of and/or my claim;
 - (iii) carrying out and/or dealing with my claim, not as responding to my requests by mail;
 - (iv) administering my claim, including the making of correspondence, statements, receipts, reports in written form, which could involve disclosure of sensitive personal data about me to bring about delivery of the claim as well as on the internal cover of envelopes/fold package(s); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim (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 used outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in analysing, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature

Date & Time:

12/04/2021,
2.30 p.m.

Driver's Signature

(If different from the policyholder)

Date & Time:

12/04/2021,
2.30 p.m.

Reporting Centre Personnel's Signature

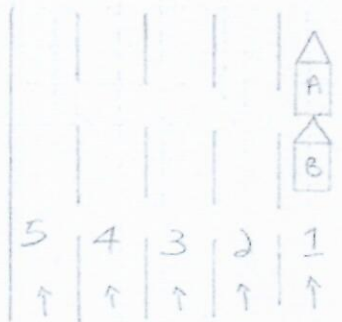
Name:

Signature No.:

I hereby authorize SNE Motor P/L
and my accident report to go to Wasegarage Sg

SKETCH PLAN

ALONG PIE TOWARDS
TUNIS
JALAN BAHAR



A: SKJ 7376C


B: SJT 663 M


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12/04/2021 AT ABOUT 0815HRS, I WAS TRAVELLING
STRAIGHT ROAD ALONG PIE TOWARDS TUNIS BEFORE JALAN
BAHAR EXIT 3G. THE VEHICLE IN FRONT OF ME STOPPED
DUE TO SLOW TRAFFIC. I FOLLOWED SUIT. VEHICLE B
WAS UNABLE TO STOP ON TIME AND COLLIDED ONTO
THE REAR PORTION OF MY VEHICLE.

DECLARATION

I/We declare the foregoing particulars are true to the best of my/our knowledge.


Police Officer's Signature
Date & Time
12-04-2021,
2.30pm


Driver's Signature
(If driver is not the insured person)
Date & Time
12-04-2021,
2.30pm

Witnessing Officer's Signature
Name
No. & Station