ASS. REC. BY: Tayfilh 1 CS3 CT 121007835 /TIVC. ASSIGNMENT SGM 3090T Yr Regn: From: Veh No: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD /TP/WS/TP RES/OD RES/EVA/INV/MV To Inspect Vehicle No: Make: at Workshop m/s Insured / Std / NI / NA Colour Sp.Reading T/Radio; Insured / Std / NI / NA Insured: Eng/No: Policy No. C/No: Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Inorder/Jammed/Leaked/Burnt or (Client's Record) Modi: NII +SIRIM / STD AJRIM 9 Make of Veh: Tyre Size: (Policy Condition) Remark: The veh had commenced its OIS BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO I YOKO or Bal. or Market Value: 4 4 5000 Front Rear R/Bal. R/Bal. Consistent?: Yes or No IDAC Accident Rport: mm L/Bal. UBal. Consistent?: Yes or No mm mm GIA / PR Seen: D.O.I. D.O.A. days Res.: Yes or No Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Date / Time Action / Instruction 42000 - \$4000 Date/Time, File Pass to? : Preli. Report Days Of Repair: Resurvey No. of Trip: Survey Fee: : Final Report Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ _S + RS._ : Interview (\$ Photos Tech. Invs (\$ Reperformat: Others Lump Sum / LB.J. CF Weel and (\$ TOTAL

SS1Y217F0006 / SME MOTOR PTE LTD ENTRY DATE & TIME: 15/07/2021 13:51 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (15/07/2021 13:51 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPURTANT 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

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.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 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

15/07/2021 13:51 (SGT) 14/07/2021 17:30 (SGT) Jln Ismail, Singapore LOR SALLEH JUNCTION Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

INSURED/POLICYHOLDER

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

VEHICLE PARTICULARS

Manufacturer Model Variant 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 Transmission CC

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No

@ Accident report SS1Y217F0006

SGM3090T

Yes PAUL HOE BATTERIES & MOTOR SERVICES 5XXXX652W soon1729@gmail.com (Phone) +65-67419686 (Office) +65-67419686

Honda Civic

Private use

No - Claiming third party Private car Auto 1796

NTUC Income Insurance Co-operative Ltd ThirdParty

No 5122491011

SYED IBRAHIM SHAIK MOHIDEEN SXXXX918B

Page 1 of 13

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

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 vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

06/02/1972 Indoor

08/11/2003

17 YEARS AND 8 MONTHS

Male

(Phone) +65-91013577

smdeen72@yahoo.com

BLK 14 EUNOS CRESCENT #10-2809

400014 No Friend

Yes

SJN7514X

Sompo Insurance Singapore Pte. Ltd.

Side Swipe Clear Dry

No 2

No

Yes

1

No

No

No

ON 14/07/2021 AROUND 5.30PM, I WAS DRIVING ALONG JALAN ISMAIL GOING TO TURN LEFT TO LOR SALLEH. OUT OF SUDDEN, A VEHICLE (SJQ6904U) OVERTAKE MY VEHICLE AND HIT ONTO MY VEHICLE.

ATTACHMENT(S)

Address

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 Vehicle Colour Vehicle Category Name of Driver Contact Number

SJQ6904U

Private car

Accident report SS1Y217F0006

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

VEHICLE B

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8. Constitution the Personal Esta Protection Act (PDPA)

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 - (b) investigating the addicament/or my daines;

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Accident report SS1Y217F0006