Sp.Reading 20487 9 T/Radio: Insured / Std / Ni / Ni	aneth ASS	IGNMENT
Estimated Cost:  OD/TEPWS 1 TP RES I OD RES I EVA I INV I MV  To Inspect Vehicle No:  SJC 3765Y  Make:  SWortshop m/s  EM Colour  M. Rul  AC:  Insured I Std I NI I N  Sp. Reading  200 F y  Tradic: Insured I Std I NI I N  Sp. Reading  200 F y  Tradic: Insured I Std I NI I N  Sp. Reading  200 F y  Tradic: Insured I Std I NI I N  Sp. Reading  200 F y  Tradic: Insured I Std I NI I N  Sp. Reading  200 F y  Tradic: Insured I Std I NI I N  Sp. Reading  200 F y  Tradic: Insured I Std I NI I N  Sp. Reading  200 F y  Tradic: Insured I Std I NI I N  Sp. Reading  200 F std I Poor I Burnt  Steering: Insured I Jammed I Leaked I Burnt or  Mod of Veh:  (Consistence)  Mod of Veh:  Bod Condition)  Remark: The veh had commenced its  replier at the time of Inspection.  Bod of Market Value:  DAC Accident Root:  Consistent?: Yes or No  Consistent?: Yes or No  Consistent?: Yes or No  Consistent?: Yes or No  Condition:  Add Fee:  Consistent Report:  Consis	From: Date:	Veh No: STC 3765 Y Yr Regn: 02,00
To Inspect Vehicle No: SJC 3765Y  It Workshop m/s  It Wor		
To Inspect Vehicle No:  SJC 3765Y  at Workshop m/s  of  SReading	OD TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Traller or
at Workshop m/s  of  of  SJU 9886Y  Sp.Reading  JOUST 9  Triadic: Insured 1 Std I NI I N  Sp.Reading  JOUST 9  Triadic: Insured 1 Std I NI I N  Sp.Reading  JOUST 9  Triadic: Insured 1 Std I NI I N  Sp.Reading  JOUST 9  Triadic: Insured 1 Std I NI I N  Sp.Reading  JOUST 9  Triadic: Insured 1 Std I NI I N  Sp.Reading  JOUST 9  Triadic: Insured 1 Std I NI I N  Sp.Reading  JOUST 9  Triadic: Insured 1 Std I NI I N  Sp.Reading  JOUST 9  Triadic: Insured 1 Std I NI I N  Sp.Reading  JOUST 9  Triadic: Insured 1 Std I NI I N  Std Insured: I Std I NI I N  Std Insured: I Std I NI I N  Std I I Std I NI I Std I NI I N  Toyol Y Cool  Basic: Insured: I Std I NI I N  Toyol Y Cool  The Stax: F:  JOS JORI 5  R:  BS J DUN I EXNOVA J GY J FS / LUZA MIC; OHT SU J PRI I SUMI J  TOYOL Y COO  Toyol Example: John Std I NI I N  TOYOL Y COO  Toyol Example: John Std I NI I N  Toyol Y Coo  Toyol Example: John Std I NI I N  Toyol Y Coo  Toyol Example: John Std I NI I N  Toyol Y Coo  Toyol Example: John Std I NI I N  Toyol Y Coo  Toyol Example: John Std I NI I N  Toyol Y Coo  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Chassis Irania   Body Structure affected due to collid  The Uki I Structure		Make: Tay Vios & c.c 14)
Insured:  SJU 9866Y Policy No. 1900094223 Claims No. 9014395256SG Sum insured: Excess:  (Client's Record) Make of Veh:  (Policy Condition) Permark: The veh had commenced its repair at the time of inspection.  Sai. or Market Value: DAC Accident Root: Consistent?: Yes or No Consistent?: Yes or No Condition?  Sai. Or Market Value: DAC Accident Root: Consistent?: Yes or No Consistent?: Yes or No Condition?  Al. I REV   REP.   24 HRS Vehicle: IN I OUT Person Contacted:  Vehicle: IN I OUT Person Contacted:  Vehicle: IN I OUT Confirmed final fig L/S \$4300. 6. repair days  (RED \$9955.93: 70%)  Add Fee: Site Inspect S	at Workshop m/s EM	Colour M. Rest A/C: Insured / Std / NI / NA
Claims No. 9014395256SG  Claims No. 9014395256SG  Sum insured: Excess: Steering: Inordial Jammed / Leaked / Burnt or Steering: Inordial Jammed / Leaked / Burnt or Steering: Inordial Jammed / Leaked / Burnt or Mod: NII / SIRIM / STR ARBIM or Tyre Staz: F: / 05 / 60R / 5  Remark: The veh had commenced its repair at the time of Inspection.  Permark: The veh had commenced its repair at the time of Inspection.  Sail or Market Value: 6 / 2 k  DAC Accident Root: Consistent?: Yes or No SIA / PR Seen: Consistent?: Yes or No SIA / PR Seen: Consistent?: Yes or No SIA / PR Seen: Consistent?: Yes or No SIA / REV / REP. / 24 HRS  DATA / REV / REP. / 24 HRS  Data: Person Contacted: No Survey held at Six / Seen / Se	of	Sp.Reading 204879 T/Radio: Insured / Std / NI / NA
Claims No. 9014395256SG  Sum Insured: Excess: Steering: Inordiar J Jammed / Leaked / Burnt or Steering: Inordiar J Jammed / Leaked / Burnt or Steering: Inordiar J Jammed / Leaked / Burnt or Mod: NII / SRIM / STEAR or Jammed / Leaked / Burnt or Mod: NII / SRIM / STEAR or Tyre Stze: F: // S./ COR1.5  Sea or Market Value: 2/2k  DAC Accident Roort: Consistent?: Yes or No DAG Accident Roort: Consistent?: Yes or No Stat. PR Seen: Consistent?: Yes or No Stat. Repairs: 06 days Res.: Yes or No Stat. Repairs: 06 days Res.: Yes or No DAG / P/ / 2/ D.O.I. 2/ / B./ D.O.A. / P/ / 2/ D.O.I. 2/ B./ D.O.A. / D.O.A	Insured: SJU 9886Y	Eng/No:
Sum insured:  (Client's Record)  Moke of Veh:  (Policy Condition)  Paramit: The veh had commenced its repair at the time of inspection.  Sal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No DAC Accident Rport:  Consistent?: Yes	Policy No. 1900094223	CNO: MR053/14930 5047
Brake: Inggler   Jammed   Leaked   Burnt or   Modi: NII   JSIRIm   STEARS   Modi: NII   Modi:	Claims No. 9014395256SG '	
Modi: NII   SRIm   STEARIM or Tyre Stze: F:   05   60R15	Sum Insured: Excess:	
(Policy Condition)  Pamark: The veh had commenced its ropair at the time of inspection.  Bal. or Market Value:  ### ### ### ### ### ### ### ### ### #	(Client's Record)	
(Policy Condition)  Pemark: The veh had commenced its repair at the time of inspection.  Sal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Sal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Sal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Sal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Sal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Sal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Survey held at  Do.A. / / / / / / / / / / / / / / / / / /	Make of Veh:	Modi: NII / S/Rim / STE A/Rim or
Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  SUA / PR Seen:  Consistent?: Yes or No  SUA / PR Seen:  Consistent?: Yes or No  SUN / Seen:  Consistent?: Yes or No  Survey held at  Do.A. / / / / / / / / / / / / / / / / / /		Tyre Size: F:
Toyo / Yoko or  Sal. or Market Value:	· · · · · · · · · · · · · · · · · · ·	1
Ball or Market Value:    A	.birks v. Tito voil its	VI
DAC Accident Rport:  Consistent?: Yes or No  SIA / PR Seen:  Consistent?: Yes or No  D.O.A. / P/ / / / D.O.I. Zk / B / D.O.I.		Control of the Contro
DAC Accident Roort:  Consistent 7: Yes or No  SIA / PR Seen:  Consistent 7: Yes or No  D.O.A. / / / / / / / D.O.I. ZE / J.  Survey held at  Des. of Damages: Frt, / Rear / O/S / N/S / U/C / Rooftop or  O/S Dady  The U/C / Chassis frame / Body Structure affected due to collist  Date / Time  Action / Instruction  Confirmed final fig L/S \$4300. 6 repair days.  (RED \$9955.93: 70%)  Confirmed final fig L/S \$64300. 6 repair days.  (RED \$9955.93: 70%)  Add Fee:  Site Insp (\$		0 000
SIA / PR Seen:  Consistent / Test on No  SIST. Repairs:  Ob days Res.: Yes or No  Sum Sum:  20 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Of Person Contacted:  Person Contacted:  Person Contacted:  Vehicle: IN/OUT  Date / Time Action / Instruction  Confirmed final fig L/S \$4300, 6 repair days.  (RED \$9955.93; 70%)  CRED \$9955.93; 70%)  Prell. Report  Carly Plus Pass to?  Carly Plus Plus Pass to?  Carly Plus Pass to?  Carly Plus Plus Plus Plus Pass to?  Carly Plus Plus Plus Plus Plus Plus Plus Plus	DAG AGGIOTH TOPIC	
um Sum: 20 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN/OUT Date / Time		1000
Des. of Damages: Frt, / Rear / O/S / N/S / U/C / Rooftop or O/S DOCKy  The U/C / Chassis frame / Body Structure affected due to colliss  Date / Time   Action / Instruction    EM not really , / 1/3 Rehat & 6222-00  Confirmed final fig L/S \$4300, 6 repair days.  (RED \$9955.93: 70%)  auto/Time, File Pass to?   : Prell. Report   Days Of Repair: 6    27/8 TYPIST   : Final Report   Resurvey No. of Trip: 1   Survey Fee:    Survey Fee:   : Site Insp (\$ )   S + RS S S    : Interview (\$ )   Fire 255    Tack Joys (\$ )   Check    Tack Joys (\$ )	St. Repairs.	
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Date / Time   Action / Instruction   Action /	CA / REV / REP. / 24 HRS	all had
Date / Time   Action / Instruction   En not ready   L/S Rehau & 6222-00    Confirmed final fig L/S \$4300, 6 repair days.  (RED \$9955.93; 70%)  ata/Time, File Pass to?   : Prell. Report   Days Of Repair: 6    27/8 TYPIST   : Final Report   Resurvey No. of Trip: 1   Survey Fee:   Transportation:   Uta/Time, File Return to?   Add Fee:   : Site Insp (\$ )   5 - RS _ SI   : Interview (\$ )   Fire Site Insp (\$ )   Control Insp	Domes Contented:	The U/C / Chassis frame / Body Structure affected due to collision
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## 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 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.

  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 aforesald.

## **ACCIDENT STATEMENT**

**Date of Submission Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

19/08/2021 17:45 (SGT) 19/08/2021 07:30 (SGT) Commonwealth Ave W, Singapore

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**SJC3765Y** 

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

**NRIC No** 

**Email Address** 

Mobile Phone No

Alternative Phone No

No

Rosita Binte Abu Bakar

S7811041D

yasha@live.com.sg

(Phone) +65-92706064

+65-93382814

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Toyota

Vios

Private use

No - Claiming third party

ThirdPartyFireTheft

Private car

Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number ...

Cover Note Number

D21MTPV01011293

No

DRIVER

Name of Driver

NRIC No

Mohammad Raihan Bin Abu Bakar

Sompo Insurance Singapore Pte. Ltd.

S7933332H

C Accident report SL03218J0005

Page 1 of 15

Date & Time:

NRIC/FIN No.:

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