

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: SLS898J Yr Regn: 2017 / Oct

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

Truck / Trailer or

Make: Honda Civic C.C. 1498

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

Sp. Reading: 78158 T/Radio: Insured / Std / NI / NA

Eng/No: MRHEC1660HT000353

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45R17

R: 225/45R17

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 37/08/21

*Survey held at S.M.

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 msl6 .
	MV :
	PV :
	Nett :

☐ : Preli. Report
☐ : Final Report

Resurvey No. of Trip:

Transportation:

Add Fee: : Site Insp (\$

5) $S + RS \rightarrow SI$

Report Format :

Loop Sum / L.B.: 6

	: Site Insp (\$
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☐ Interview (\$

Tech. Invs 63

Weekend 13

Photos

Others	1
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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 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	23/08/2021 17:21 (SGT)
Date of Accident	20/08/2021 22:04 (SGT)
Exact Location of Accident	Beng Wan Rd, Singapore
Additional Location Information	SLIP RD TWDS SERANGOON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS898J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH SHUEH LING
NRIC No	S7533873B
Email Address	gsl1104@hotmail.com
Mobile Phone No	(Phone) +65-97997657
Alternative Phone No	+65-97997657

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1498

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118778247
Cover Note Number	-

DRIVER

Name of Driver	KANG JUN YAN YANN
NRIC No	S99121311

DETAILS OF OTHER VEHICLE PROPERTY 1

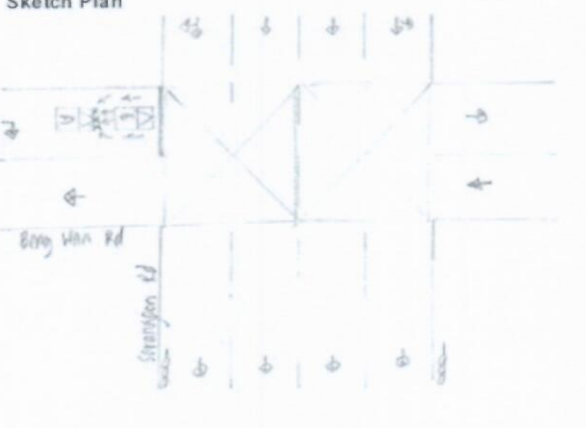
Vehicle Registration Number	GX6193C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
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 the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
(ii) investigating the accident and/or my claims;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<p><i>Ama</i></p> <p>Policyholder's Signature / Date & Time</p>	<p><i>Yam</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p>  <p>A: SL5898-J B: 9X6193C</p> <p><i>Yam</i></p> <p>SM AUTO</p>		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopped stationary behind veh "b" at the minor road of Beng Wan Road (2 ways lane) towards Serangoon Rd as I was waiting for main road traffic to clear.

Veh "b" in front of me tried to move out and due there was heavy traffic in the main road of green traffic light ahead therefore he slowly reversed back a few times.

Veh "b" made an abrupt reverse and collided into the front portion of my vehicle and caused damage.

I wish to state that my vehicle is stationary without any moving during the point of accident. *Am*

DECLARATION

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

Am

Policyholder's Signature
Date & Time:

Am

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

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