

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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SGX9928E Yr Regn: 2019/Dec  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vio. C.C 1476

Colour White. A/C: Insured / Std / NI / NA

Sp. Reading 24283 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MK2B23F 3X01185344

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/50R16

R: 185/50 R16.

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

TOYO / YOKO or

Front    Rear

R/Bal.      06    mm      R/Bal.      06    mm

L/Bal. 96 mm L/Bal. 96 mm

D.O.A. D.O.I. 10/09/21

Survey held at Zoom.

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

[illegible]

Date/Time, File Pass to?

☐: Prelim. Report

1)

Date/Time, File Return to?

2)

### Report Format :

Long Sum / L.B.E. C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:  : Site Insp (\$

☐ Interview (\$

Tech. Invs (3)

☐ Weekend (2)

Survey Fee:

Transportation:

$$S + RS \rightarrow SI$$

Photos

1	Others	1.0
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[illegible]

## 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	10/09/2021 16:49 (SGT)
Date of Accident	09/09/2021 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	NICOLL DRIVE X AIRLINE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX9928E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM JIA XUAN SHERIE
NRIC No	SXXXX329C
Email Address	SHERIE.SIM@GMAIL.COM
Mobile Phone No	(Phone) +65-84811288
Alternative Phone No	+65-84811288

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	Etiqa Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MA012629
Cover Note Number	-

#### DRIVER

Name of Driver	SIM JIA XUAN SHERIE
NRIC No	SXXXX329C



Date Of Birth	28/11/1996
Occupation	Indoor
Date Of Driving Pass	05/04/2016
Driving experience	5 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84811288
Alt. Phone Number	+65-84811288
Email Address	SHERIE.SIM@GMAIL.COM
Address	267 PASIR RIS ST 21 #08-416
Address complement	-
Postcode	S510267
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### 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 vehicle 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

#### PLEASE REFER ATTACHMENT

##### 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	SMD4877K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG PENG ENG
NRIC No	SXXXX745B
Contact Number	(Phone) +65-90409011
Address	-

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

Date of accident	17/04/2017
Time of accident	08:30
Location of accident	Along the road of the roadwork site

Vehicle registration number	W14 123
Vehicle make and model	Toyota Auris
Type of vehicle	Passenger car
Vehicle category	Category 1
Registration date	15/01/2017
Is your vehicle insured?	Yes
Own insurance company	Third party

Insurance company	ABC Insurance
Policy number	123456789
Type of policy	Comprehensive

Name	John Doe
First name / Surname	John Doe
Contact	0123 456789
Address	123 Main St, London, UK

Name	John Doe
First name / Surname	John Doe
Contact	0123 456789
Address	123 Main St, London, UK
Date of birth	15/01/1980
Gender	Male
Driving this year	Yes



SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to assist in the claims process.
2. The information you provide will be used to determine the liability for the accident. It is your responsibility to provide accurate information.
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20. The information you provide will be used to determine the liability for the accident. It is your responsibility to provide accurate information.



Describe Circumstances of the Accident

On the 10th of July 2014, I was driving my car, a silver Honda Civic, along the road. I was driving in the left lane and was approaching a junction. At the junction, I was stopped by a red traffic light. A black car, which I did not see until it was too late, was driving in the right lane and was also approaching the junction. The black car was driving in the wrong lane and was also driving too fast. I tried to brake but it was too late and the black car hit my car. The black car was driving in the wrong lane and was also driving too fast. I tried to brake but it was too late and the black car hit my car. The black car was driving in the wrong lane and was also driving too fast. I tried to brake but it was too late and the black car hit my car.

Declaration

I declare that the information provided is true and correct.

Signature of Driver: [Signature]  
 Date: [Date]  
 Signature of Witness: [Signature]  
 Date: [Date]