

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:	_____	Consistent? :	Yes or No
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: SGN1292K Yr Regn: 2015 / April
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Mobilio. C.C. 1497

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

Sp. Reading 261695 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MRHDI4870F*00003

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: 185/65 R13

R: 185/65 R13

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. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 25/10/21.

Survey held at NHT.

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 Chim
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

☐: Prel. Report

1)

: Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / L.B.: 0

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

☐ Interview (\$

Tech. Invs (\$

☐ Weekend (2)

Survey Fee:

Transportation:

$$) \quad S + RS, \quad SI$$

Photos

1	Others	10
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KPL - CTPI
- LKK- Adrian.

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	22/10/2021 16:31 (SGT)
Date of Accident	22/10/2021 11:10 (SGT)
Exact Location of Accident	35 Marsiling Industrial Estate Rd 3, Singapore 739257
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN1292K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH TZE KEONG
NRIC No	S7601051Z
Email Address	danielnze@hotmail.com
Mobile Phone No	(Phone) +65-94768447
Alternative Phone No	+65-94768447

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Mobilio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5107762224-02
Cover Note Number	-

DRIVER

Name of Driver	KOH TZE KEONG
NRIC No	S7601051Z

Date Of Birth	12/01/1976
Occupation	Outdoor
Date Of Driving Pass	30/11/2006
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94768447
Alt. Phone Number	+65-94768447
Email Address	danieltze@hotmail.com
Address	BLK 6 ST. GEORGE'S LANE #04-205
Address complement	-
Postcode	320006
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	Hit and run / Vandalism / Damaged whilst parked
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

MY VEHICLE WAS PARKED STATIONARY IN FRONT OF BLK 35 MARSILING INDUSTRIAL ROAD 3 LOADING/ UNLOADING BAY PARKING LOT AND I WENT TO THE SAID BLK 35 TO COLLECT THE GOODS. WHEN I CAME BACK TO MY VEHICLE, VEHICLE B DRIVER WAS STANDING BESIDE MY VEHICLE AND WHEN HE SAW ME THEN ASKED ME IF THE VEHICLE BELONGED TO ME. I ANSWERED HIM YES AND HE APOLOGISED TO ME AND TOLD ME THAT HE WAS HEADING INTO THE CARPARK LOT AND ACCIDENTALLY COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE AND CAUSED DAMAGE. INITIALLY, VEHICLE B WISH TO COMPENSATE ME. HOWEVER, WE CANNOT COME INTO AGREEMENT WITH THE REPAIR COST. THEREFORE, WE DECIDE TO PROCEED WITH INSURANCE CLAIM.

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	YP8230U
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

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 willful 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. 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 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 firms/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 firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel


Sketch Plan

Blk 35, Mareling Industrial Estate Rd 3

A: 2GN 1292K
B: 4PB230U

Blk 35 Mareling Industrial Estate Rd 3

Parking Lot Loading and unloading only



NEW HOCK TEAP

My vehicle was parked stationary in front of Blk 35 Marsiling Industrial Estate Rd 3 Loading/Unloading bay parking lot and I went to the said block 35 to collect the goods.

When I came back to my vehicle, veh "b" driver was standing beside my vehicle and when he saw me then asked me if the vehicle belonged to me?

I answered him yes and he apologized to me and told me that when he was heading into the carpark lot and accidentally collided into the right portion of my vehicle and caused damage.

Initially, veh "b" wish to compensate me however we cannot come into agreement with the repair costs, therefore we decide to proceed with insurance claims.

[Signature]

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

Policyholder's Signature
Date & Time:

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

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