

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: SGK68735 Yr Regn: 2016 June

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

Truck / Trailer or

Make: Honda Jazz C.C. 1498

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

Sp. Reading: 450290 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JHM GK5850G X203117

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: 185/55R16

R: 185/55R16

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. 31/03/22

*Survey held at Ryder

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

Front o/s

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

Date / Time	Action / Instruction
	TP China.
	MV :
	PV :
	Nett:

☐ : Prel. Report
☐ : Final Report

Resurvey No. of Trip:

2) $\frac{1}{2} \log 2$

Report Formed :


Add Fee:	<input type="checkbox"/>	Site Insp (\$ _____)	<input type="checkbox"/> S + RS, _____ \$
	<input type="checkbox"/>	Interview (\$ _____)	Photos _____
	<input type="checkbox"/>	Tech. Invs (\$ _____)	Others _____

Accident Reporting Draft

VEHICLE NO: SGK6873S

MODEL: HONDA JAZZ

AUTO/MANUAL

DATE OF ACCIDENT	30/3/2022	C.C:	
TIME OF ACCIDENT	0700	HRS	AM/PM
LOCATION OF ACCIDENT	JURONG EAST AVE 1		
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ PRIVATE USE/ PRIVATE HIRE		
NAME OF OWNER	CHEN PECK HOONG		
CONTACT NO.	93877983	EMAIL: CHEETHEENCHI1957@GMAIL.COM	
NRIC	S1665859F		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: CHEE THEEN CHI		
NRIC	S1225012F	ANY PASSENGER: 2	
DATE OF BIRTH	28/5/1957	Unknown	
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS	13/10/2006		
GENDER	MALE / FEMALE		
CONTACT NO.	93877983	EMAIL: CHEETHEENCHI1957@GMAIL.COM	
ADDRESS	APT BLK 345 KANG CHING ROAD #16-109 S(610345)		
DOES DRIVER OWN OTHER VEHICLES	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR		
ROAD SURFACE	DRY / WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES: YES		
CONTACT NO.			
POLICE REPORT	NO / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?		
VIDEO RECORDING	NO / YES NO/IF YES: WHO?		
AUDIO RECORDING	NO / YES SCENE PHOTO(S) NO / YES		
VEHICLE B NO.	SKQ541K ANY PASSENGER:		
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p>Ryder Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE?			
	NO / YES		

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG JURONG EAST AVE 1 TURNING LEFT, I HAVE THE RIGHT OF THE WAY. SUDDENLY VEHICLE B FROM THE RIGHT (TURNING RIGHT) HIT ONTO MY VEHICLE. I HAVE VIDEO FOOTAGE.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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

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Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

