

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: SJR 8790L Yr Regn: 2009 / July

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

Truck / Trailer or

Make: Subaru Impreza c.c. 1498

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

Sp.Reading: 187575 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JF1GH3KW496031469

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: 225/55R17

R: 225/55R17

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

TOYO / YOKO or Kumho

Front

R/Bal. 66 mm

L/Bal. 66 mm

D.O.A.

Rear

R/Bal. 66 mm

L/Bal. 66 mm

D.O.I. 18/05/22

\*Survey held at Advance

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 ALG .
	LOE Expiry : 31/05/29.
	MV :
	PV :
	Nett:

☐ : Prel. Report  
☐ : Final Report

2)

Report Formed :

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$  
☐ : Interview (\$  
☐ : Tech. Invs (\$

Cybers




## 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	18/05/2022 16:34 (SGT)
Date of Accident	18/05/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE ( Changi )
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

~~SJR8970L~~ **SJR8790L**

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Nurul Adilah Binte Sazalie
NRIC No	SXXXX436J
Email Address	yazziereyzaq@gmail.com
Mobile Phone No	(Phone) +65-84984460
Alternative Phone No	+65-84984460

#### VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Impreza
Variant	Impreza
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	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT 00940462
Cover Note Number	Nil

#### DRIVER

Name of Driver	Muhammad Yazzier Eyzhaq Bin Mohd Abdul Ghar
NRIC No	SXXXX125D

Date Of Birth	14/05/1988
Occupation	Indoor
Date Of Driving Pass	12/10/2007
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93369007
Alt. Phone Number	-
Email Address	yazziereyzhaq@gmail.com
Address	Blk 352 Clementi Ave 2 #07-117
Address complement	-
Postcode	120352
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver C wn 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	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

Report refer to sketch plan

#### 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	GBK3923K
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 -  
 No. Of Passenger (Including Driver) -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	Muhammad Yazzier Eyzhaq Bin Mohd Abdul Ghar
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	unknown
Injured person in which vehicle?	SJR8970L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

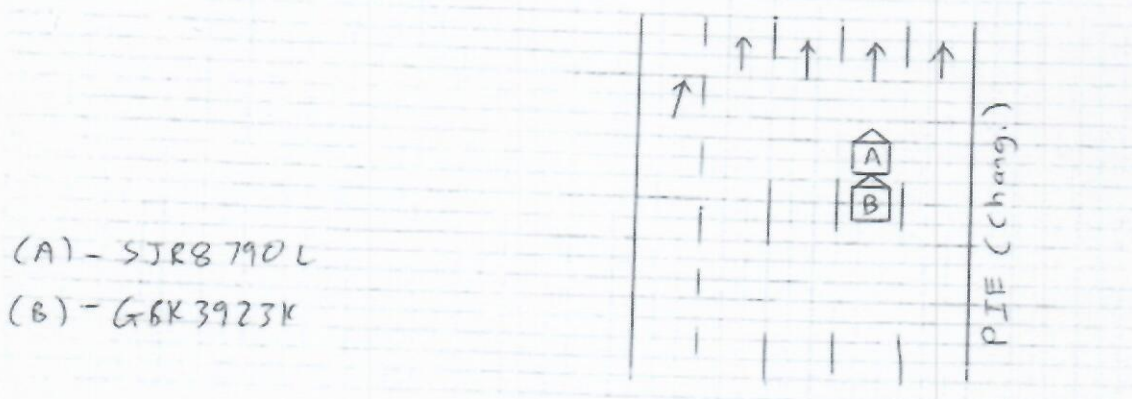
# SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
2. The 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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firm/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 and 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 firm/law firms, may be 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 be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firm/law firms), which may be sited outside of Singapore for one or more of the above Purposes.

<p><i>[Signature]</i>                  Policyholder's Signature / Date &amp; Time</p>	<p><i>[Signature]</i>                  Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p>	<p><i>[Signature]</i>                  Witnessed by Reporting Centre Personnel</p>
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Sketch Plan



## Describe Circumstances of the Accident

On the 18/05/2022 @ about 9.30a.m., along PJE (Changi).  
 I was travelling on Lane 2 of the above mentioned  
 expressway, before the BIE Exit, when my front  
 vehicle slowed down and stopped due to heavy  
 traffic, hence I followed suit. Suddenly, I felt a huge  
 impact from the rear, and when I alighted, I  
 realised it was Vehicle (B) who collided into the rear  
 portion of my Vehicle (A), causing damages to my  
 Vehicle.

## Declaration

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

Witnessed by - Reporting Centre Representative