V CC	IGNMENT	
Chapter Colores		
From: Date:	Veh No: SJE 7377 Yr Regn: 2008, May	
estimaled Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
DD / T1/WS/TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
o Inspect Vehicle No:	Make: Toyola Rush. c.c 1495	
t Worlishop m/s	Colour Black A/C: Insured / Std / NI / NA	
A CALL CONTROL OF THE PARTY OF	Sp.Reading 26/958 T/Radio: Insured / Std / NI / NA	
sured	Eng/No:	
olicy No.	C/No: J200E00(5538*	
laims No.	Gen. Cond. Good / Fair / Poor / Burnt	
um Insured; Excess:	Steering: Norder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: (norder) Jammed / Leaked / Burnt or	
lake of Veh:	Modí: Nil STRim / STD A/Rim or	
CONTRACTOR STATE OF S	Tyre Size: F: 215/55 R17	
(Policy Condition)	R: 215/55R17.	
emark The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO/YOKO OF Kinforest.	
al. or Market Value:	<u>Front</u> <u>Rear</u>	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm	
IA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm	
st. Repairs:days Res.: Yes or No	D.O.A. D.O.I. 23/08/22 -	
um Sum: % 3 Val.: Yes or No	Survey held at MG Solution	
A / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear OS / N/S / U/C / Rooftop or	
Vehicle: IN / OUT		
ate: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision	
Date / Time   Action / Instruction   T P W	COE Expiry: 05/05/2028	
mv :	Security of an artist	
PV:	1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Nett:		
ate/Time, File Pass to? : Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip: Survey Fee:	
ate/Time, File Return to?	Transportation:	
Add Fe	e: : Site Insp (\$ )_s+Rs_s	
	: Interview (\$ ) Photos	

SA1G228J0001 / ALPINE MOTORS PTE LTD ENTRY DATE & TIME: 19/08/2022 14:31 (SGT) SUBMITTED BY: Mohammad Suhaimi Bin Mohd Suadi Ong VERSION: 1 (19/08/2022 14:31 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process

This Form must be completed by the Policyholder and/or the Actual Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Popular Management of th 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

Reported by

Date of Accident

**Exact Location of Accident** 

Additional Location Information

Country/State of Loss

19/08/2022 14:31 (SGT)

Both

18/08/2022 17:15 (SGT)

Singapore

Before Junction of Dunearn Road & Kheam Hock Road twds

Whitley Road

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**SJE7377Y** 

#### INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

No

Shi Jie Cheng

SXXXX312F

jcshi49@gmail.com

(Phone) +65-96332162

## VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission CC

Private use

Toyota Rush

Rush

No - Claiming third party

Private car

Auto

1500

## INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AXA Insurance Pte Ltd

GA555654/1

# DRIVER

Name of Driver

NRIC No

Date Of Birth

Shi Jie Cheng SXXXX312F

24/09/1967

Occupation **Date Of Driving Pass** Driving experience Gender Mobile Number Alt. Phone Number **Email Address** 

Address

Address complement Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

Indoor 24/03/2007

15 YEARS AND 5 MONTHS

(Phone) +65-96332162

jcshi49@gmail.com

Blk 143 Petir Road #10-220

670143

Yes

No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Change/cross lane Clear

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 Translator's name Translator's ID Translator's phone number Translator's email

DETAILS OF POLICE ACTION

Original language used in the statement

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? Was there any video captured by Car Camera? Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

SLU1870X

Private car



Contact Number	-
Address	-
Address complement	-
Postcode	-
nsurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# SKETCH PLAN

## IMPORTANT NOTICE

- 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)

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

Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Da 8. Time	Personnel
Sketch Plan		owards whitly Road.
knean Hock Road	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<i>→</i>
JUNEART	Sound A T P	(A) SJE 7377Y (B) SLU18 70X

On 18 08 2022 at about 1715MI at before Juntion of Puncarn
Road and pream Hock Road towards whitey Road. I
Was travelling straight on the 2nd lane from the right and
Suddenly, a venicle (B) from the right were veered into my
Igne without courtions and without checking his blindspot
and not onto the right portion of my venicle (A) causing
damages to my vehicle. I wish to state that he is gon
a night turn lare only.
(A) SJE 73774
(n) SJC 15111
(B) STEP SLUIB 70x
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

# Declaration

VWe declare the foregoing particulars are true in every respect.

釋志,圾

Policyholder's Signature / Date & Time

釋点域

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

L

Witnessed by Reporting Centre Personnel