

ASS. REC. BY:

REP:

ASSIGNMENT

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: _____

(Policy Condition)

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: SLL2S6ST Yr Regn: 2017 / Feb.

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

Truck / Trailer or

Make: Toyota Altis C.C. 1598

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

Sp. Reading: 235756 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MR053REH104555209

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: 215/45R17

R: 215/45R17

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. 10/01/23

Survey held at KT Motorwerkz

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

Te ching

MV:

PV:

Nett:

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1) _____
Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Insp (\$ _____)

Survey Fee: _____

Transportation: _____

_____ S + RS. _____ SI

Photos

Others

Report Format: _____

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 Actual 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	09/01/2023 11:11 (SGT)
Reported by	Driver
Date of Accident	08/01/2023 12:30 (SGT)
Exact Location of Accident	Near 42 Lor 23 Geylang, Singapore 388374
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2565T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHERIDE
Company Reg No	53350974B
Email Address	RONALDLIMCAIBAO@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94505771
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 hire
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118386838-02

DRIVER

Name of Driver	LIM SENG HAY
NRIC No	S1252478A
Date Of Birth	02/11/1957
Occupation	Outdoor

Date Of Driving Pass	30/09/1976
Driving experience	46 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91005881
Alt. Phone Number	-
Email Address	LIMSENGHAY@HOTMAIL.COM
Address	235 PASIR RIS STREET 21 #11-63
Address complement	-
Postcode	510235
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	-
Original language used in the statement	-

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

ON THE STATED DATE AND TIME, I WAS DRIVING ALONG SIMS AVENUE. AS THE TRAFFIC LIGHT TURNS RED, I APPLIED BRAKE AND STATIONARY AT THE TRAFFIC LIGHT. SUDDENLY I FELT AN IMPACT AND REALIZE VEHICLE B (SMQ4881D) HAD HIT ONTO THE REAR OF MY VEHICLE. THE IMPACT HAD CAUSED MY VEHICLE TO MOVE FORWARD AND HIT ONTO THE REAR OF VEHICLE C (SNF9148B). THERE WERE NO INJURIES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF9148B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	MOHAMED ISBAHALLAH BIN DARIAN
NRIC No	S1708549B
Contact Number	(Phone) +65-82228365
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ4881D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG JING XUAN
NRIC No	T0034973E
Contact Number	(Phone) +65-96431335
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B SMQ4881D
No. Of Passenger (Including Driver)	-

1. Please report correctly the proportion of cost borne by the claimant.
2. 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 willful misrepresentation or withholding of material facts may incur financial or comparative repute damage liability.
4. The usage 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the CIA Records Management Centre established by the Central Insurance Association of Singapore (CIA) 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 be made available, if needed.

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 Insurers(s) who have insured vehicles involved in this accident (all insurer(s) who have insured vehicles 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 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/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 vehicles 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.

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Describe Circumstance of the Accident:

REFER TO GIA REPORT

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence

Reporting Only

Claim OD

Claim TP

Claim OD TP at other workshop

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature (Date & Time)

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

Witnessed by Reporting Centre Personnel (Name as in NR-CID card)

