

ASS. REC. BY:

REF:

C72 / 23002463/Kgp3

Kenneth

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.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2-3 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: P...

Date / Time

Action / Instruction

PRS

EM repair 21.5-2.5k

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$

IENT

No:

SLN 9107B

Yr Re

03 09

M.Car / M.Cycle / Bus / Van / Lorry / Taxi

Truck / Trailer or

Toy Wish

or

ending

White
168705

AND

T/Radio:

MPV

1794

JTDER12W203002575

Cond: Good / Fair / Poor / Burnt

Ing: Inorder / Jammed / Leaked / Burnt or

Inorder / Jammed / Leaked / Burnt or

Nil / S/Rlm / STD A/Rlm or

Size:

F:

R:

195 / 65 R15

UN / EXNOVA / GY / FS / LIZA / MIC / OHTS

DI/YOKO or

Continental

7

mm

Rear

R/Bal.

7

mm

7

mm

L/Bal.

7

mm

5/13/23

D.O.I.

20

3

2023

held at

Damages: Fnt / Rear / O/S / N/S / UIC /

Rear O/S

UIC / Chassis frame / Body Structure affe

Collision.

Repair:

No. of Trip:

Survey Fee:

Transportation

Insp (\$

Interview (\$

h Invs (\$

Weekend (\$

S + RS. \$

Fees

Others

TOTAL

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	06/03/2023 14:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/03/2023 11:10 (SGT)
Exact Location of Accident	Near 160B Punggol Central, Block 160B, Singapore 822160
Additional Location Information	Punggol East junction of Punggol Central
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9107B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Jeffrey Teo Huat Soon
NRIC No	SXXXX260G
Email Address	huatsoon2119@yahoo.com
Mobile Phone No	(Phone) +65-91848459
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
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	1794

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01005530

DRIVER

Name of Driver	Sim Chai Chin
NRIC No	SXXXX434F
Date Of Birth	29/07/1985
Occupation	Indoor

Date Of Driving Pass	03/08/2010
Driving experience	12 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97777544
Alt. Phone Number	-
Email Address	cheriesimchaichin@gmail.com
Address	165A Punggol Central, #06-151
Address complement	-
Postcode	821165
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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)	2
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	-

PASSENGER 1

Name	Macsen Teo Tian Zheng
Gender	Male

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

Refer attachment.

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	SKQ2968A
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-

Vehicle Colour	Orange
Vehicle Category	NA / Unknown
Name of Driver	Shaadiq Rahmaan S/O Mohamad
Contact Number	(Phone) +65-92204569
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

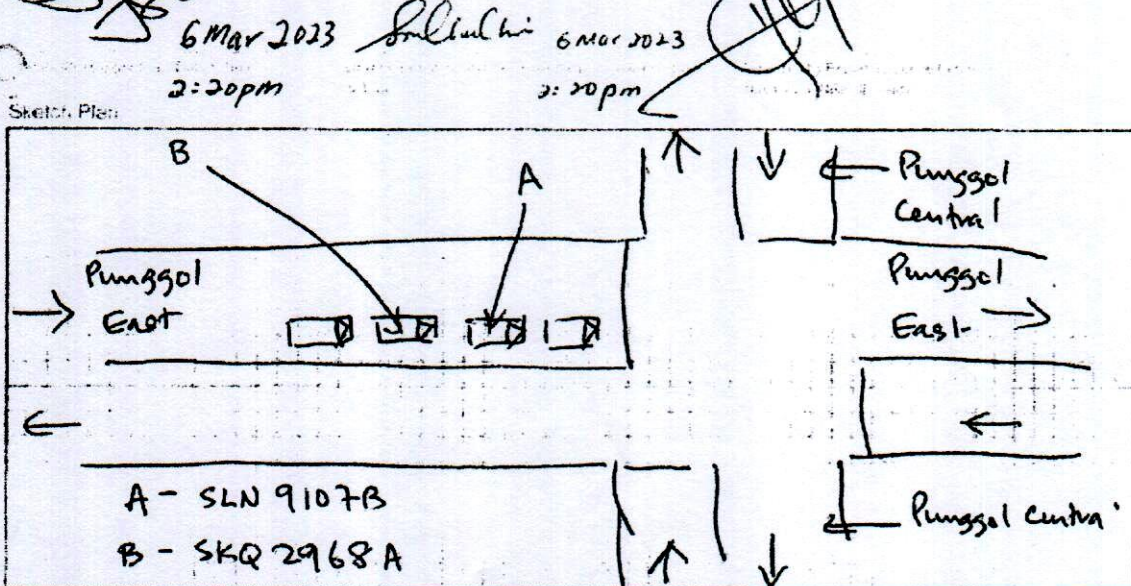
SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to the relevant authorities.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation, withholding of material facts or a false insurance claim may result in repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Traffic Police Department for investigation.**
- This report will be forwarded by the Insurers to 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.
- By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the Centre and to making of the report being made available to the Insurers.
- Consent under the Personal Data Protection Act (PDPA)**
 - I understand, acknowledge, agree and consent that:
 - My Insurers, my work shop 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 Insurers, collectively the **Personal Information**, and disclose and transfer such Personal Information to all Insurers who have insured vehicles involved in the accident and Insurers 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 persons and agencies involved, and as the processor for the purpose and for:
 - Investigating, handling and/or dealing with my claims, including the settlement of the claims and any necessary investigation relating to the claims;
 - Investigating the Accident and my claims;
 - Conducting an accident dealing with my insurance claims or responsibility claims as required by law;
 - Administering my claims, including the making of arrangements for settlement, including payment of claims to me, which may include the use of certain personal data of mine in formulating delivery of the services to be provided to me in accordance with my policy terms and conditions; and/or
 - Complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - I, as the Insured, who have insured vehicles involved in the accident and the Insurers' lawyers/law firms, may have been this information, disclose and/or process my Personal Information for one or more of the above Purposes and any Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers, including their lawyers/law firms, which may be situated outside of Singapore, for use in connection with the above Purposes.

ACCIDENT INDUSTRIAL PTE LTD
 100, ROAD 4
 SINGAPORE 408623
 TEL: 6490 9565 FAX: 6346 7483



Describe Circumstance of the Accident

I stopped my vehicle 'A' SLN9107B along with another vehicle in front of me, waiting for traffic light to turn green. Vehicle 'B' SKA2968A collided into the back of my vehicle 'A' SLN9107B.

AUTO-UTION INDUSTRIAL PTE LTD

408623
6490 9665 FAX: 6846 7483

Declaration

I/we declare the foregoing particulars are true and correct.



6 Mar 2023
2:20pm



6 Mar 2023
2:20pm

