CS/INC2408224/Avh3

ASS	IGNMENT
From Date:	Veh No: SMA 6369M YTREGIT: 2018 / June.
Estin State	Tyrue: M.Car M.Cyrle / Bus / Van / Lorry / T.axi / Prime Mover /
OD / TPIS/TP RES / OD RES / EVA / INV / MY	Truck/Trailer or
To in thicle No:	Make: Toyota Prius Alpha Co 1797
si Works	Colour Grey. A/C: Insured / Std / NI INA
of .	Sp.Reading 124450 T/Radio: Insured / Std / N1/ NA
Insured: SKQ 2020J	Eng/No:
Policy Fla	C/No: ZVW400028710
Claims N MT/1290045-002	Gen. Cond. Good/ Fair / Poor / Burnt
Sum finsum: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Cli⊖πÉtheord)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Value	Modi: Nil / SRim / STD A/Rim or
÷==	Туте Size: F: 205/60R/6
(Poticy Codition)	R: 205/60R16
Remark: The veh had commenced its N/S O/S ispair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI /
Bal, or Market Value:	TOYO/YOKO OT
IDAC Acidieni Rport: Consistent? : Yes or No	Front Rear R/Bal. R/Bal.
GIA / PR Seen: Consistent? : Yes or No	L/Bal Qo L/Bal Ob
Est. Repairs days Res.: Yes or No	D.O.A. 9/8/2024 D.O.I. 12 08 24
Lum Sum: % 3 Val.: Yes or No	Survey held at MG Solution
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rea / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted;	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
TPINC	COE Expiry:
10/9/24 LS \$7000 confirmed by email (Rec	1 14,747, 67%)
	Estimate giver during: Yes CV
mv:	1st Survey . No C)
PY:	V
Nett:	
	· · · · · · · · · · · · · · · · · · ·
Daterine, File Pass to? : Preli. Report	Days Of Repair: 7
1) : Final Report Daterine, File Return to?	Resurvey No. of Trip: Survey Fee:
2) Add F	Transportation:
\conseq 1	Set Insp (*)_3+R8si
Report Former	Tech. Invertig) Others
A moin Zokin FAR F (%).	1.14-1

S104248C0002 / 1ST AUTOWORKS PTE LTD ENTRY DATE & TIME: 12/08/2024 11:41 (SGT) SUBMITTED BY: Tan Guan Hin Ronnie VERSION: 1 (12/08/2024 11:41 (SGT))

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 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 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 First Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

12/08/2024 11:41 (SGT) Both Policyholder and Actual Driver 09/08/2024 10:55 (SGT) Singapore SengKang East Road & SengKang Square Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMA6369M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No Ng Yong Huat SXXXX843J hkejason@gmail.com (Phone) +65-98150338

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

First Regisration Date Chassis no Effective Date/Time of Ownership Previa Previa Alpha

Private use

Toyota

No - Claiming third party Private car Auto 1800

INSURANCE COMPANY

Vehicle Fuel

Name of Insurance Company Policy Number / Cover Note Number Direct Asia Insurance (Singapore) Pte Ltd MT 01551663

DRIVER



Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date

Driving License Pass Class **Driving License Validity** 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No. Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Report refer Police Report

ATTACHMENT(S)

Ng Yong Huat SXXXX843J 15/08/1955 Indoor 23/11/1976

3 Valid

47 YEARS AND 9 MONTHS

Male

(Phone) +65-98150338

hkejason@gmail.com

Blk 980D Buangkok Crescent #06-55

536980 Yes

No

Collision - Head to Rear

Clear Dry

No 2

Yes No Yes

2

No

Tan Piak Chuang

Female

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Category

Name of Driver

Contact Number

Private car

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 Ng Yong Huat Gender Male

Phone No - Blk 980D Buangkok Crescent #06-55

Address Complement -

Post Code - Approximate Age Years Old -

Injuries Sustained Unknown
Injured person in which vehicle? SMA6369M
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

IMPORTANT NOTICE

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- 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 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' 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 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 yers/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.

Sketch Plan			older) / Date	Personne		parting Centre
Retti Flan				Sengkang	Ean.	Road towar
		+		V		Buangkok Ge
Senakomol Sque	a	 1	141		1	
(A) SMAG	369M	1	A			
(B) SKQ		- 1	1 8			

escribe Circumstances of	the Accident
;	AHACINED INFIL accident report
	no: T/20240812/700b
	14
ote: Please note that your in	nsurer may have 14 days time frame for you to submit an Own Damage Claim under you
e: Please note that your in	Mo: T/2024 OF12/700b No: T/2024 OF12/700b Insurer may have 14 days time frame for you to submit an Own Damage Claim under icy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- (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' law yers/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.

Sketch Plan				Personnel	
110 1011 1 10111				Sengkang E	an Road toward Buangkok Gre
		+		V	Buangkot Ge
Senaromal Sque		 1	IAI		
(A) SMAG	369M	1	温		
(B) SKQ	7000		1 18		

escribe Circumstances of the Accident	
AHAMPA	Infil acident report
No.	: T/20240812/700b
110	. 1/20210012/1003
ote: Please note that your insurer may have	e 14 days time frame for you to submit an Own Damage Claim under yo
our own comprehensive policy. Please chec	ck your policy for more information.

Declaration

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 Personnel



T/20240812/7006

1 of 3

Report No. T/20240812/7006

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/08/2024 10:29		Vide Report No.:	Station Diary No.:				
Informant	's Particular	8					
Name of Informant: NG YONG HUAT			Address: 980D BUANGKOK CRESCENT #06-55 SINGAPORE 536980				
ID Type / ID No.: NRIC NO / \$1152843J		Contact No.: Home/Office: Mobile: 98150338					
Nationalit SINGAPO	ty: ORE CITIZE	N	Email: HKEJASON@HOTMAIL.(COM			
Sex: Age: Date of Birth: Male 68 15/08/1955		Type of Informant: Driver					
Race: Chinese		-	Language: English				
AL PARTY OF THE PA	Occupation: SELF EMPLOYED		Driving Licence Information Class:	on: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/08/2024 10:55	Type of Location X-Junction			
Location: SENGKANG EAST	DRIVE	·		,			
Weather: Clear		Road Surface: Dry	Road Surface: Dry				
Clear		100.7					
Clear Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	11.1.40	ffic Volume: derate			

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKQ2020J	Motor car					0
SMA6369M	Motor car	ТОУОТА	PRIUS ALPHA HYBRID 1.8S CVT	Grey		1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
SMA6369M	DIRECT ASIA INSURANCE (SINGAPORE) PTE_LTD.	MT/01551663	14/06/2024	13/06/2025	



T/20240812/7006

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240812/7006

CONTINUATION OF REPORT

Any Pedestrian In	volved: No				
No. of Pedestrians	Use of Pedestrian Crossing: NA				
Driver					
Name	NG YONG HUAT				S1152843J
Related Vehicle	SMA6369M (Motor car)			ct No.	98150338
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	09/08/2024	Date Discha	arge	NIL	
No. of Days grant	ed Medical Leave (MC) 05	Degree of In	njury	Serio	us

Brief Details.

ON 09/08/2024 AT ABOUT 1055HRS AT ALONG JUNCTION OF SENGKANG EAST ROAD AND SENGKANG SQAURE TOWARDS BUANGKOK GREEN. I WAS TRAVELLING ON THE EXTREME RIGHT LANE, SLOW DOWN AND CAME TO A COMPLETE STOP DUE TO AMBER TRAFFIC LIGHT. SUDDENLY, I HEARD A LOUD BANG FROM THE REAR AND WHEN I ALIGHTED, I REALIZED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER INSIDE MY VEHICLE. AFTER THE ACCIDENT, I FELT UNWELL AND WENT TO CONSULT A DOCTOR AND WAS AWARDED 5 DAYS OF MC FOR MY INJURY.

VEHICLE A: SMA6369M VEHICLE B: SKQ2020J



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20240812/7006

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/08/2024 10:29
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:
NP168	