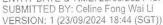
ASS. ANI.	53 Sm024090490 Anp3
	IGNMENT
From Date:	Veh No: Sm69971Y. YFRegn: 2019, Jan.
Estin = Elasi:	Type: M.Car / M.Cycle / Bus / Van / Lony / T.axi / Prime Mover /
OD / PRES / OD RES / EVA / INV / MV	Truck / Trailer a-
To in in thicle No:	Grandsport.
at Works	
	2//20
Insured:	
Policy isla	Eng/No:
Clain's N	C/No: WOV ZM 6 E F 7 J 112 4859 Gen. Cond: Good) Fair / Poor / Burnt
Sum Ensum Excess:	The second of th
(Client's Appord)	Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or
Make of M:	Modi: Nil (S/Rim) STD A/Rim or
÷	Tyre Size: F: 245/45/218 -
(Policy Codition)	R: 243/45818
Remark: Thevel had commenced Its N/S O/S	BS / DUN / EXNOVA / GY / FS / L IZA / MIC / OHTSU / PIR / SUMI /
ispair at the time of inspection.	TOYO/YOKO OF Falker
Bal or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No	R/Bal. Ob mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 27/09/24
Lum Sum: % 3 Val.: Yes or No	Survey held at Xin Itua.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / (N/S) / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	COE 'C
Penir Rene 1 \$111c - \$13	COE Expiry:
OS Day	
mv: GIL	1st Survey No CV)
PV: 33.1K	1
Nett: 33.91C	
Date/Time, File Passio? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/fina, File.Return to?	Transportation:
Add F	
F. spok Formes :	: Interview · (#) Photos ·
A main Zokon F. Par F (to).	100





SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

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

23/09/2024 18:44 (SGT) Actual Driver 20/09/2024 21:40 (SGT) Middle Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMG9971Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Yes

HERITAGE AUTO CAPITAL PTE. LTD.

201326468K

joelsee123@gmail.com (Phone) +65-90463707

VEHICLE PARTICULARS

Alternative Phone No

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

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Opel Insignia

Employment

No - Claiming third party

Private hire Auto

1598

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number India International Insurance Pte Ltd D23MFL0001161 01

DRIVER



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

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

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

WESLEY GWEI HONG WEE

8 YEARS AND 9 MONTHS

(Phone) +65-90463707

joelsee123@gmail.com

BLK 405 CHOA CHU KANG AVENUE 3 #10-259

S9547085H

28/12/1995 Outdoor

30/12/2015

3

Valid

680405

Side Swipe

Clear

Dry

No

No

Yes

1

No

No

No

2

No

No

Hirer

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

SKX3983L

-

Accident report SN09249N0005

Page 2 of 18

Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	7-2
Address complement	
Postcode	-
Insurance 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 actionn' to speed up the claims process
- This Form must be completed by the Policyholder and/or the Actual Driver.
- information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withousing of muserial tools may kind recrance companies to repudiate policy liability
- 4. The risite and acceptance of this Formity insurance companies is not an admission of paley habity on the part of the insurance companies
- Any false reporting may be referred to the Traffic Police Department for investigation.
- a report will be forwarded by the insurers to the GIA Records Management Centre established by the Gen Singapore (GiA) for archining and that course of this report will for a fee by made available upon application by interesting parties.
- 7. By the ladgement of this report to the incurers, you hereby consent to the archiving of this report at the centre and to conies of the report being made available aforesaid
- s. Consent under the Personal Data Protection Act (FDPA).

condensional acknowledge, agree and consent that

(a) My insurer my workshop and the Gandral insurance Association of Singapone (G.A." day are percited to collect, use, disclose and/or process my personal data/personal information sed out in this (form) and any other personal information provided by melox possessed by my insurer (objectively the iPersonal Information") and disclose and transfer such Personal Information to all insurer's who have insured vehicle(s) moved in this accident (all insurence) who have insured vehicle (s) involved in this accident shall be collects by referred to as the "Insurers"), the insurers, in wyerstaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(i) processing mandling and/or dealing within, claims including the settlement of the claims, and any necessary investigations relating to

(a) investigating the accident and/or my claims.

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by the

(iv) administering my claims circluding the mailting of correspondence, surrements, invinces, reports or notices to me disclosure of certain personal data about my tri bring at rist discivery of the same as well as on the extental cover of envelopes/mail packages, and/or

(v) complying with applicable law made insidering processing transfing and or dealing with my claims

collectively the Purposes 1

(b) all insurents) who have insured vericless) in an veg in this a coderd and the insurers, lawyers law from may are permitted to collect use. I bulkise and or process my Fersonal Information for one or more or 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 age (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Poscyholder's Signature / Date & Time

Actual Oriver's Signature (1 driver is not the extrevholder) / Date & Time

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

Sketch Plan

A- Shb 99714 B- Skx3983L

Describe Circumstance of the Accident
In the stated mate and time, I was travelling along middle Road. I
was drive at my own lane on lane 2, while I am turning the sustanty
felt an huge repact from my left forther of my vehicle. Vehicle B
(SKX3983L) had hit onto my left portion of my velocie. Vehicle B's lane
only able to turn left, but he drove straight instead bumping into my
vehicle.
Declaration
I/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) Witnessed by Reporting Centre Person (Name as in NRICID and)