REF: CCISMO	2)4060)59 Avh3
	SSIGNMENT
Fiori≠ Date:	Veh No: SLAZZS9 K. Yr Regn; 2016 Feb.
Estin * Columbia	Type: M.Cap/ M.Cycle / Bus / Van / Lorry / T.axi / Prime Mover /
OD / IPNS/TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To in thicle No:	Make: Mit Attrage co 1193
at VV C tisty m/s	Colour Blue . A/C: Insured / Std / NI / NA
Crí	Sp.Reading 353650 T/Radio: Insured / Std / NI / NA
Insured: SHB 368J	Eng/No:
Policy FVa	C/No: MMB87A13AFITO18851
Claimes M TAX/06/24/2062	Gen. Cond Good Fair / Poor / Burnt
Sum Ensum: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client'sfecord)	Brake: Inerger / Jammed / Leaked / Burnt or
Make of Yelt:	Modi: Nil (S/Rim') STD A/Rim or
# w	Туте Size: F: 195/55 R / S
(Policy Codition)	R: 183/55R15
Remark: Theyeh had commenced its N/S O/	BOT DORT EXICOLATOR (AT 1751 LIZAT MID TOTT SOUTH
	TOYO / YOKO or
Bal. or Market Value: IDAC Acoldent Rport: Consistent?: Yes or No	Front Rear R/Bal. Oh mm R/Bal. Ob mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. UBal. UBal. mm
Est Repairs days Res.: Yes or No	D.O.A. 36 24 D.O.I. 02 07 24
Lum Sum: % 3 Val.: Yes or No	Survey held at JL Perfect.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Vehicle: IN /	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
TR Character 134 Cap SMI	R COE Expiry
24/9/24 Adrian confirmed LS \$4550 (red	1 9199.44, 66%)
	Estimate given during : Yes C or
mv : 241C	1st Survey (No C)
PV: 10-5K	<u> </u>
Nett: 13:5K	
Palemne, File Pass to? Preli. Report	Days Of Repair: 6
1) Final Report Datanna, File Return to?	Resurvey No. of Trip: Survey Fee:
	Transportation: Transportation: Site Insp (\$)_3+R88
	: Interview (\$) Photos
Commission of the contract of	: Tech. Inverte) Offices
CONTRACTOR OF THE CONTRACTOR O	M 5-1071 15 195

SC1F246O0001 / CHENG AUTO BODYWORKS ENTRY DATE & TIME: 24/06/2024 18:23 (SGT) SUBMITTED BY: MURUGESAN VERSION: 1 (24/06/2024 18:23 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPURIANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

 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

onlicy 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

24/06/2024 18:23 (SGT) Both Policyholder and Actual Driver 23/06/2024 00:00 (SGT) Woodlands Ave 5, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLA2259K

INSURED/POLICYHOLDER

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

No KIM KOK LOONG S7636151G darrenkimkl@gmail.com (Phone) +65-98766889

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

Mitsubishi Attrage

No - Claiming third party Private hire Auto 1193

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Etiqa Insurance Pte Ltd M0041225

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KIM KOK LOONG S7636151G 03/11/1976 Outdoor



Driving Pass Date	14/06/1995
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-98766889
Alt. Phone Number	-
Email Address	darrenkimkl@gmail.com
Address	SINGAPORE
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?	No 2 No
Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?	INO -
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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 Male
PASSENGER Male
PASSENGER Female

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 23/06/2024, at 1137Hrs, I (A: SLA2259K) was stationary at the junction of Woodlands Ave 5 and Ave 2. I was on the right most lane. While stationary, my car got rear-ended by veh B (SHB368J). I had three passengers in my car at the time of incident. I exchanged particulars with the driver of the taxi, Veh B.

ATTACHMENT(S)

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

Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB368J
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHAN HUANG CHIN
NRIC No	S1813615E
Contact Number	-
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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 copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

f 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of

(ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

- (iii) investigating the accident and/or my claims:
- (iii) carrying out and/or dealing with my instructions or responding to any anquiries 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' 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

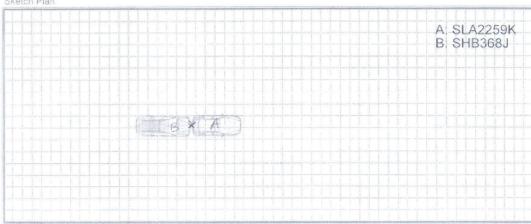
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



escribe Circumstance of the Accident
VEHICLE NO.: SLA2259K DATE OF ACCIDENT: 23/06/24 EMAIL:
a a second of the second of the second of the second of
On the 23/06/2024, at 1137Hrs, I (A: SLA2259K) was stationary at the junction of
Woodlands Ave 5 and Ave 2. I was on the right most lane. While stationary, my car got
rear-ended by veh B (SHB368J). I had three passengers in my car at the time of incident. I exchanged
paprticulars with the driver of the taxi, Veh B.
Supritodida Will the Chip of Chip to the
I am aware that there is a 14-day deadline from date of accident to decide to file an Own Damage claim.
Reporting Only OD Claim TP Claim OD TP Claim at Oher Workshop
Declaration
I/We declare the foregoing particulars are true in every respect.
16/2
LOSE (CLARAS) C
24/6/24
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personni
Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personn / Date & Time (Name as in NRICAD card) MUMAC

Accident report SC1F246O0001