HEF: CS/INC	24070468 Avh3
	SIGNMENT
From Date:	Veh No: SmV6348M-YrRegn; 2020, Oct.
Estin > Con PEG / CO PEG / CON PEG /	Type: Mr.Carl M.Cycle / Bus / Van / Lony / Taxi / Prime Mover /
OD / THIS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To In thick No:	Make: Topla Harrier 00 1998
at Working	Colour Black - A/C: Insured / Std / NI / NA
Cri	Sp.Reading 52156 T/Radio: Insured / Std / NT / NA
Insured:	Eng/No:
Policy Ma	C/No: JTE283GH20J=005687
ClainssiM	Gen. Cond Good Fair / Poor / Burnt
Sum Ensut	Steering: Morden/ Jammed / Leaked / Burnt or
(Cli⊜nɹleord)	Brake: Jammed / Leaked / Burnt or
Make of Velic	Modi: Nil S/Rim / STD A/Rim or
	Tyre Size: F: 285/55R18 -
Remark: They Andition)	R: 285/55P18
Remark lieven had commenced its N/S O/S impair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / L IZA / MIC / OHTSU / PIR / SUMI /
Bal. or Mater Value:	TOYO (YORG OF
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 46 mm
GIA / PR Seen: Consistent? : Yes or No	1/Rol 0/2
Est. Repairs: days Res.: Yes or No	D.O.A. 37 7 24 D.O.I. 30 07 24
Lum Sum: % 3 Val.: Yes or No	Survey held at NSI
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear O/S N/S U/C Rooftop or
Vehicle: N/ OUT	
	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction TRINC	COE Expire
	COE Expiry!
	Estimate given during: Yes CV
MV:	1st Survey No ()
PY:	7
Nett:	•
Daterine, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/ine, File.Return to?	Transportation:
Add F	/
Papar Former:	: Interview (%) Photos : Tech. Inver(%) Others
the magning factor for the first form and the first	Others)

VEHICLE NO: SMV 6348	MAKE & MODEL: Toyota Hamer WID MA
DATE OF ACCIDENT	· 27.107.12024 °C.C. 2.0
TIME OF ACCIDENT	0945 AM / PM
LOCATION OF ACCIDENT	
EXACT PURPOSE USED AT TIME OF AC	
NAME OF OWNER	Wang Teng See
EMAIL ROWONG 2000 @ G	mail. com Office. MOBILE. 9752
NRIC	S1314796E
CLAIM TYPE	
FLEET POLICY:	The little All Olivier
INSURANCE CO.	YES / NO?
TYPE OF COVERAGE	A1G Comprehensive) / Third Party / Third Party Fire & Theft
POLICY NO.	
	2070146000-02
NAME OF DRIVER	AS ABOVE / IF NO. Wong Lee Hwa
DATE OF BIRTH	S1437441H
ANY PASSENGER	24./ 10/1960
NAME OF PASSENGER	YES (NO):
GENDER OF PASSENGE	R MALE / FEMALE
OCCUPATION	Cutdoor / (Indoor)
DATE OF DRIVING PASS	
GENDER	
- CONTACT NO.	
EMAIL:	Mobile: 9148 9629 Office.
ADDRESS	
DOES DRIVER OWN OTHER VEHICLES?	NO) / If yes: Reg No: INSTITER.
RELATIONSHIP	The state of the s
	Employee / If No Husband
WEATHER CONDITION ROAD SURFACE	Clear / Raining / Other:
ANY INJURIES	Dry / Wet / Other:
CONVEYED BY AMBULANCE	(No) If yes: Who?
POLICE REPORT	No If yes: Who?
NOTICE OF INTENDED PROSECUTION GIV	No / If yes . Where?
VEHICLE B NO.	SNA 2970 R Any Passenger: 2 (1m1F)
NAME	
CONTACT NO.	Yong Chee Hau 8313 3094
VEHICLE CNO.	Any Passenger:
VEHICLE D NO.	Any Passenger:
VEHICLE ENO.	Any Passenger.
VEHICLE FNO.	Any Passenger :
A-1 TY WITNESS	
VITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE?	
WAS THERE ANY AUDIO RECORDED?	YES / NO
SCENE ACCIDENT PHOTOS TAKEN?	YES (NO)
Person Reporting	
- Toporting	Driver / Owner (Both)
Original Language Hand	
Original Language Used	English / Mandarin / Others:
Original Language Used To you been approach by unknown person. The ring accident claims assistance?	soliciting (s) / YES / GO

Descr																						
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## Declaration

Time

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

who

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

Witnessed by Reporting Centre Personnel

## 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and 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 Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

Policyholder's Signatūre / Date &	Driver's Signature (If driver is not the policyholder) / Date	Withessed by Reporting Centre
Time	& Time	Personnel
Sketch Plan		
	Pays lebar Rd	
Vehicle A: SMV 634	8 00 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
vehicle BI 3NA 2976	b R	A 3
	PIE towards Tuiss	
		<b>1</b>