REF: CS3/AIG20005719/Tif3

ASS. REC. BY: Tauplin ASSIGNMENT Veh No: SMC4461 4 Yr Regn: 278, June
Type: Mcar/M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / From: Date: Estimated Cost: Truck / Trailer or OD (TP) WS / TP RES / OD RES / EVA / INV / MV Hondy Verel 15 00 1496 Make: To Inspect Vehicle No: Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured: R411300 932 C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake: Indrder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / S/Rim / STD A/Rim or Make of Veh: F: 215/60RIG Tyre Size: (Policy Condition) BS / DUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / N/S OIS Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or Rear Front Bal. or Market Value: R/Bal. Consistent?: Yes or No R/Bal. mm IDAC Accident Rport: ∠Bal. Consistent?: Yes or No GIA / PR Seen: D.O.A. Res.: Yes or No days Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: BLK1001 #01-69 Action / Instruction Date / Time No estimate SUBMIT DAR REPORT Days Of Repair: : Preli. Report 4 Date/Time, File Pass to? Resurvey No. of Trip: Survey Fee: : Final Report 1) 21/05/2020 Transportation: Date/Time, File Return to? Add Fee: : Site Insp (\$ S+RS. SI Interview (\$ Photos Tech. Invs (\$ Others Reper Former: Weel and (S Lunip Sum / LBJ: (% 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 Authorised 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 ladgement 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 afores a linear control of the report being made available.

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	ACCIDENT STATEMENT	
Date Of Report	11/05/2020 13:57	
Date Of Accident	09/05/2020 17:05	
Exact Location Of Accident	BUKIT HO SWEE ROAD EXIT TO ZION ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC4461G	
Insured/Policyholder		
Name Of Registered Owner	KAY SENG CHUAN	
NRIC No	SXXXX800B	
Email Address	KAYST@SINGNET.COM.SG	
Mobile Phone No	(LOCAL) +65-90303720	

Alternative Phone No Vehicle Particulars

Manufacturer HONDA

Model VEZEL-1.5 (A)

Exact Purpose for which vehicle was being used at

time of accident

NORMAL USAGE

OFFICE-NOPHONE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

**Insurance Company** 

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

**Policy Number** 

GA370928

Cover Note Number

**Driver** 

Name of Driver

KAY SENG TECK

SXXXX864C

Date Of Birth

Occupation

KAY SENG TECK

SXXXX864C

INDOOR

Date Of Driving Pass 04/05/2006

Driving Experience 14 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94509518

Fax Number

Contact Number

EMail Address KAYST@SINGNET.COM.SG

Address

BLK 203 PETIR ROAD #10-667

Postcode

670203

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

**SIBLING** 

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

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 this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

**REFER TO ATTACHED** 

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REFER TO OWNER

Was there any audio recorded?

NO

EDETAILS OF OTHER VEHICLE PROPERTY SE

Vehicle Registration Number

SLW2091K

Vehicle Make/Model/Colour

MAZDA / RED

Details Of Properties

PRIVATE CAR

Vehicle Category

Name of Driver

**PUTRA EDDY** 

NRIC/Passport Number

SXXXX703G

Contact Number

93826804

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

### SKETCH PLAN

# IMPORTANT NOTICE

- 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
- 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.
- 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.
- 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 lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
  - 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;
  - (pv) 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/iaw firms), which may be sited outside of Singapore; for one or more of the above Purposes
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders

11/5/2020

Poissyholder's legislare

Date & 'ime

Driver a Signature

If driver is not the policyholder

Date & Time | | 1

policyholder)

-/2020 10 27 am

Reporting Centre Personnel's Signature

Name Anna NRIC/FIN NO.

## **Accident Sketch Plan**

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because the transport of the section of the section and tested for the transport of my car (A) what he did not stop his car on those the median condition of that time is alper and day.  No injury of all parties.	5: 5LW 20	Bukit Ho Swee Road
The weather condition at that time is clear and day.  No injury of all particles.  DECLARATION  Live declare the foregoing particulars are true in every respect.		
The weather condition of that time is clear and dry.  No injury of all portices.  DECLARATION  Live declare the foregoing particulars are true in every respect.	for the traffic	of Zim Road to be clear, the 3rd Party car (8)
The weather condition of that time is clear and dry.  No injury of all portices.  DECLARATION  Live declare the foregoing particulars are true in every respect.	hit the rear of	my car (A) which he did not stop his cor in time.
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Juneary 12/6		
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Policyholder's Signature  Date & Time  11   5   2 = 2 = Date & Time   11   5   12   10   11   15   10   11   15   10   11   10	Policyholder's Signature V Date & Time 11)S/2 = 2.5	(if driver is not the policyholder) Name April 6