ASS	SIGNMENT	
	cm280506 2018 Sept	
From Date:	Type M.Ca / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
Estimated Cost:	- T1/7 7	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Make: Honda Freed as 1496	
To Inspect Vehicle No:	- Instrument Stol NI NA	
at Workshop m/s	- Colour Village	
of		
Insured:	Eng/No: 6B71072488 ,	
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt	
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or	
Sum Insured: Excess:	Brake: Inforder / Jammed / Leaked / Burnt or	
(Client's Record)	Modi: Nil / S/Rim / STD A/Rim or	
Make of Veh:	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	10 1/1001	
(Policy Condition)	O TOTAL DID I SIIM	
Remark: The veh had commenced its N/S O/		
repair at the time of inspection.	TOYO / YOKO or	
Bal. or Market Value:	Front Rear R/Bal. 06 mm	
IDAC Accident Rport: Consistent? : Yes or No	Notal VI IIIII	
GIA / PR Seen: Consistent?: Yes or No	79/20/20	
Est. Repairs: days Res.: Yes or No	D.O.A.	
Lum Sum: % 3 Val.: Yes or No	Des. of Damages (Frt) Rear 1 O/S / N/S (LIC / Rooftop or	
CA / REV / REP. / 24 HRS		
Vehicle: IN / 0 Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time Action / Instruction		
TP MS16.		
	1days (red: 8617.10;72%)	
Nètt,		
7/64		
Dale/Time, File Pass to? : Preli. Report	Days Of Repair: 4	
, i ron. Noport	Resurvey No. of Trip: Survey Fee:	
1) : Final Report Date/Time, File Return to?	Transportation:	
	Fee: : Site Insp (\$)_3+F\$_8	
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Report Forms) :	Tech trive G) ones	
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EF:

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 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

TO THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	06/08/2020 11:12
Date Of Accident	05/08/2020 15:40
Exact Location Of Accident	BLK 501 JURONG WEST ST 51 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

South yielde of Eods	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD8050C
Insured/Policyholder	
N	TAN TION HUA

Name Of Registered Owner SXXXX016H NRIC No **NOEMAIL** Email Address

(LOCAL) +65-90993208 Mobile Phone No OFFICE-90993208 Alternative Phone No

Vehicle Particulars

Manufacturer **HONDA**

FREED HYBRID 1.5G AUTO Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number 5103593349-01

Cover Note Number

Driver

Name of Driver TAN TION HUA NRIC No SXXXX016H Date Of Birth 06/02/1958 Occupation **OUTDOOR** Date Of Driving Pass 18/07/1978

Driving Experience 42 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90993208

Fax Number

Contact Number OFFICE-90993208

EMail Address NOEMAIL Address BLK 401 JURONG WEST STREET 42

#11-537

Postcode 640401

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

NAME: : ANG LAI KEE

GENDER:

: FEMALE

Passenger 2

Passenger 1

NAME:

. .

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2689999 - **FAX NO**: 62672438

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200805/2116.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES
VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLA5791U

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Name

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

TAN TION HUA

Approximate Age Injuries Sustain

Injured person in which vehicle?

SMD8050C

Were seat belts worn?

YES

BODY

Was this injured conveyed to hospital by

ambulance?

NO

1

Address Postcode

DETAILS OF INJURED PERSON 2

ANG LAI KEE Name

Approximate Age

BODY Injuries Sustain

SMD8050C Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2 This form must be completed by the Policyholder and/or the Authorised Driver
- information provided must be as trustical and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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- 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 inching and that copies of this report will for a fee the mape available upon application by interested parties.
- 7 By the loagment of the report to the insurers, you hereby consent to the archiving of this report as the centre and to copies of the report being made available aforesed.
- 8 Consent under the Personal Data Protection Act (PDPA)

conductions, acknowledge, agree and consent that

- (a) My insurer, my workphop, and the General Insurance Association of Singapore ("GIA") may/are destricted to collect, use, disclose and/or processing personal data/personal information set out in this [form] and any other personal information provided by me or possesson by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehiclo(s) insulved in this accident (all insurer(s) who have insured vehiclo(s) insurers?), the insurers fawyers/ aw firms, the Monetary Authority of Scheduler and any relevant government agency/authority (such as the police), for the purposels) of .
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - of investigating the academ and/of en, visions:
 - (iii) carrying out and/or debing with my instructions or responding to any enquines by me;
 - (w) administering my claims (including the majling of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of cortain personal data about the to bring about delivery of the same as well as on the external cover of envelopes/mail packagess, and/or
 - (v) complying with application in administering, processing, handwig analog desing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insigned vehicle(s) involved in this accident and the insurers' awyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (e) my Personal information to a Jian by disclosed by any of the insurers and/or GIA to their third party service providers or agents finisheding their lowyers/law 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 complete library firstlery 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 / disclases:
 - 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 negulations, taws or court profess.



Pulleybolder's Signature

Driver's Signatural in driven a nor the policyholdur) thre & Time Peparting Centre Personnel's Signature Name: NAIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

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	Z Reviesa	
	1 1 h	44
	A	A: NMD8050C
	4	B: SCA 5791 U
	4 +	13 lic 501 Jurang West St 5 Open space companie
		open space corpora
CRIBE CIRCUMSTANCES C	OF THE ACCIDENT	, , ,
refor to online res	21/20205/216	ekskild sittede filmte og frammennen i havd framkrivet filmten er i en framkrivet prægen mega genetisen i film of er meteoder fri
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