\*: |-j\*.

ASSE	GNMENT Weekerd Cas.
From Dale: -	Veh No: SLZ2637X . Yr Regn: 2018 / April
Estimated Cost:	Typer M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hyundai Elantra. c.c 1591
at Workshop m/s	Make: Hyundai Flantra. c.c 1591 Colour Blue A/C: Insured/Std/NI/NA
of	Sp.Reading 39687 - T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KMH D841CM JU660826
Claims No.	Gen. Cond. Good / Bair / Poor / Burnt
Sum Insured; Excess:	Steering (norde)/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 195/65 R15 -
(Policy Condition)	R: 195/65R15.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Nexen.
Bal, or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. of mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 19/10/20.
Lum Sum: % 3 Val.: Yes or No	Survey held at Advance.
CA / DEV / DED / 24 HPC	Des. of Damages: Frt / (Rear ) O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	200 200 200
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	and the second of the second o
Tokio Marine.	Religion for
M ∨ :	
PV:	1985 3 3 1985
Nett:	
Dale/Time, File Pass Io? : Prell. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time File Polium in?	Transportations
5 Add Fee	: Site Insp (\$ )s+Pssi
	: Interview (3 ) Fhotos
Peport Forms :	Tech, Inv. 6 ) oher.
Linna Para Maria	(Heat such G

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Fax Number Contact Number

**EMail Address** 

- 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.

foresaid.	500 C C C C C C C C C C C C C C C C C C
	ACCIDENT STATEMENT
Date Of Report	19/10/2020 11:49
Date Of Accident	18/10/2020 12:40
Exact Location Of Accident	BARTLEY RD EAST TWDS TAMPINES AVE 10
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLZ2637X
nsured/Policyholder	
lame Of Registered Owner	ANG ENG CHEW
IRIC No	SXXXX535H
mail Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84584534
Iternative Phone No	OFFICE-60000000
/ehicle Particulars	
lanufacturer	HYUNDAI
lodel	ELANTRA-1.6 (A)
xact Purpose for which vehicle was being used at me of accident	PRIVATE USE
re you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	PRIVATE CAR
nsurance Company	
ame of Insurance Company	AXA INSURANCE PTE LTD
ype Of Coverage	COMPREHENSIVE
eet Policy	NO
olicy Number	VPA/P2131001
over Note Number	
river	
ame of Driver	ANG ENG CHEW
RIC No	SXXXX535H
ate Of Birth	19/01/1964
ccupation	INDOOR
ate Of Driving Pass	24/09/1981
riving Experience	39 YEARS AND 0 MONTHS
ender	MALE

OFFICE-60000000

NOEMAIL

Address

BLK 14 JOO SENG ROAD #11-99

Postcode

360014

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

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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)

3

Passenger 1

GENDER:

: LAM MUI FOONG

Passenger 2

NAME:

NAME:

: LIM AH CHOO

GENDER:

: FEMALE

: FEMALE

**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** 

Report please refer to Sketch Plan

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLP7463A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims workess
- 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 willul misrour esentation or withholding of material facts may allow insurance companies to regulate policy liability.
- The issue and acceptance of this Form by insurance companies is not an arimission 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 accoving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the longmost of this report to the insurers, you hereby consent to the architery of this report at the centre and to copies of the report being made proliable afairers.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, zgree and consent that

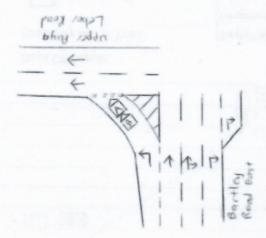
- (a) My insurer, my workshop and the General interance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information arovited by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer suck. 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)
  - processing, nandling 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 clause:
  - (iii) carrying our and/or dealing with my instructions or responding to any empurius by mo,
  - (w) administering my claims (including the mailing of purespondence, statements, andices, 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 esternal cover of envelopes/mail packages), and/or
  - (v) co-onlying with applicable less in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- [b] all insurer(s) vmo have insured vehicle(s) involved in this accident and the insurers. Jawyers/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 autside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to complie claims history for the purpose of fraud detection, avestigation and management in present and all future claims.
- (n) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers unifor any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies or reasonal by required for the purposes stated, or
  - (ii) for complying, saids responsements wholey any regulations, bots to court effects

Policyholder's Signature Date & Time: Drice 's Signature (If dimer is not the paricy/inless) Date & Time reserving Centry Personnel's Signature

MORTHN BY

5131309E

SKETCH PLAN



(A) - & SLZZ637X (B) - SLP7463A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

into Upper Payo Lebar Road from Barthy Read East towards Tompin Ave 10. I was driving my Vehicle (A) along the above mentioned road and I stopped before the give way live to give way to main traffic along upper Paya Lebar Read buddenly. I heard a loud bong from the rear when I alighted, I realised that it was Vehicle (B) that who hit into the rear parties of my uplicle (A), causing danages to my vehicle. I have 2 other passengers in my Vehicle.	On the	18/10/2020 @ about 1240HRS, at along the Filter lane
and I stopped before the give way live to give way to main troffic along upper Paya Lebar Road. Suddenly, I would a love bong from the more when I alighted, I realisted that it was Which (6) there who hit into the mar portion of my which (A), causing damages to my vehicle. I have 2 other	into Upp	per Payo Leba Road from Bartly Road East towards Tempin
troffic along upper Paya Lebar Road Suddenly, I ward a loud bong from the more when I alighted, I realised that it was Vehicle (6) there who lit into the mar portion of my wohicle (A), causing danages to my vehicle I have 2 other	Aur. It	0. I was driving my Vehicle (A) along the above mentioned room
Loud bong from the more when I alighted, I realised that it was Vehicle (6) that who hit into the war portion of my whicle (A), causing danages to my vehicle. I have 2 other	and I	stopped before the give way live to give way to main
was Vehicle (6) that who hit into the rear portion of my whicle (A), causing danages to my vehicle. I have 2 other	troffic	along upper Pagg Lebar Road Suddenly, I would a
uplicle (A), causing danages to my vehicle. I have Zothe	love b	ong from the more when I alighted, I realisted that it
	was Ve	which (6) that who hit into the rear portion of my
passenaers in my Vehicle.	upticle	(A), causing danages to my vehicle. I have I other
the state of the s	passenge	ers in my Vehicle
	100	

DECLARATION

If We declare the foregoing particulars are true in every reserve

Poteyholder 'a Signarian Dete & Tierre

Orient's September (If decrease out the public problem According Coulor Personnel's Signature
Raine: FORNIC
STEEL STEEL STEEL