`	REF:			L. Control of the Con
ASS, REG. BY:				
	ASSI	GNMENT		
From:	Date:	Veh No:	SMR592J.	Yr Regn: 2019 / Dec.
Estimated Cost:		Type: M.Carl	M.Cycle / Bus / Van / Lor	ry / Taxi / Prime Mover /
OD/TP/WS/T	P RES / OD RES / EVA / INV / MV	Truck /	Trailer or	GAADVIIS (\$)
To Inspect Vehic	ole No:	Make:	Kia Ceruto.	c.c 1591
at Workshop m/s		Colour	Blue.	A/C: Insured / Std / NI / NA
of		Sp.Reading	13958	T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:		
Policy No.		C/No:	KNAF5416	MK5050808.
Claims No.		Gen. Cond. 6	ood / Fair / Poor / Burnt	
Sum Insured:	Excess:	Steering: Inor	der / Jammed / Leaked /	Burnt or
(Client's Recor	rd)	Brake: Inor	der / Jammed / Leaked /	Burnt or
Make of Veh:		Modi: Nil	S/Rim / STD A/Rim or	
	a have	Tyre Size:		45 R17.
(Policy Condition	ion)		R: 225/	45R17.
Remark: The ve	eh had commenced its N/S O/S	BS / DUN / E	(NOVA / GY / FS / LIZA /	MIC / OHTSU / PIR / SUMI /
repair	at the time of inspection.	TOYO / YOF	(O or	
Bal. or Market V	/alue:	Front	,	Rear
IDAC Accident F	Rport: Consistent? : Yes or No		Db mm	R/Bal. 86 mm
GIA / PR Seer	n: Consistent? : Yes or No	L/Bal.	ob mm	L/Bal. Obmm
Est. Repairs:	days Res.: Yes or No	D.O.A.		D.O.I. 25/02/21
Lum Sum:	% 3 Val.: Yes or No	Survey held a		ENHT.
CA / REV /	REP. / 24 HRS	Des. of Dama	iges: Frt / Rear O/S/	N/S / U/C / Rooftop or
	Vehicle: IN / OUT			Of the first of the to collision
Date:	Person Contacted:	The U/C	Chassis frame / Body	Structure affected due to collision.
Date / Time	Action / Instruction		•	
	diameter and a second second			robsidery to se
	<b>M</b> ∨:			THE CHEST STREET, SAID
	PV:			
	Nett:			
	A STATE OF THE STA			
				9900
Date/Time, File Pas	ss lo? : Preli. Report	Days Of Re	pair:	grant and the contract of the
1)	: Final Report	Resurvey N	o. of Trip:	Survey Fee:
Date/Time, File Re				Transportation:
2)	Add Fe		Insp (\$	)S +RSSI
			view (\$	) Photos
Report Form	Committee of the Commit		n. Invs (\$	) Others
Lump Sum	/ LBJ: (3	: Wee	tiend (\$	1

SC1A20CL0003 / CYCLE & CARRIAGE AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 21/12/2020 10:43 (SGT) SUBMITTED BY: SONGCUAN LAURO JR ARAOS VERSION: 1 (21/12/2020 10:43 (SGT))





# 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
- 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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

21/12/2020 10:43 (SGT) 18/12/2020 19:32 (SGT) Jln Anak Bukit, Singapore JALAN ANAK BUKIT ROAD (DIVERTION OF CLEMENTI) Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMR592J

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No

No ANG KENG YEOW ERNIE SXXXX623B chenglinar@yahoo.com (Phone) +65-91088424 +65-91088424

## 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 Kia

Cerato

Private use

No - Claiming third party

Private car

## INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number AIG

Comprehensive

No

1900252884

### DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHENG LI NAR SXXXX240A 14/01/1963 Indoor

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number

**Email Address** Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

25/08/1980

40 YEARS AND 4 MONTHS

Male

(Phone) +65-91088424

chenglinar@yahoo.com

341 UPPER BUKIT TIMAH ROAD

#05-14 SINGAPORE

588195

No

Spouse

Yes

SKP8133H

NTUC

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

Collision - Change/cross lane

Clear Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No 2

No

Yes

1

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

Contact Number

Address

Address complement

Postcode

SHD7142L

Blue

Taxi

TAN AI HING

SXXXX290F

Accident report SC1A20CL0003

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- I Please report correctly the details of the accident to speed up the claims process
- has to remain be completed by the Policyholder and/or the Authorised Driver
- whom allow provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts must allow insurance companies to repudiate policy liability.
- 4. The value and an estance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 5 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.
- 3 By the loggment 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)

Limberstand, exclowledge, agree and consent that

- All mourer 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 Mountary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) and
  - (ii) 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' 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.
- (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:
  - 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.

Policyholder's Signature

Date & Time: 1 12/13 P

Driver's Signature (If driver's not the policyholder) Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident report SC1A20CL0003

SKETCH PLAN

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7 ans	
SMR 692H	
21	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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when	the	taxi	( SH	0714	11)	came	out 1	nto m	7
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