S. REC. BY:	CTI21000165/Atd3
A	SSIGNMENT 2019 Aver
om: Date:	Veh No: SMNSA21H-Yr Regn: 2019, Anyon
stimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
D/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
Inspect Vehicle No:	Make: Hyundai Avante c.c 1591.
Workshop m/s	Colour Red A/C: Insured / Std / NI / NA
	Sp.Reading 25117 T/Radio: Insured / Std / NI / NA
sured:	Eng/No:
olicy No.	C/No: KM# D841 CMK 4915909
laims No.	Gen. Cond: Good / Fair / Poor / Burnt
um Insured: Excess:	Steering: Inorder / 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
	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Nexel.
Bal, or Market Value:	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent? : Yes or No	R/Bal. Mm / R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 08 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. D6/61/21
Lum Sum: % 3 Val.: Yes or No	Survey held at Fory Molor
CA / REV / REP. / 24 HRS	Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or
Venicle: In	The U/C / Chassis frame / Body Structure affected due to collision
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to some
Date / Time Action / Instruction 7 Chian	
CF CIVIETA	
mv : PART BY PAR	RT \$3464, 4DAYS
PV: RED: 1305.4;2	27%
Nett:	
	4
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4
Date/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: Survey Fee:
Final Report	
1) Date/Time. File Return to?	Transportation:
1) : Final Report Date/Time, File Return to?	dd Fee: Site Insp (\$) _s+Rs_si
1) : Final Report Date/Time, File Return to?	dd Fee: : Site Insp (\$)s +Rssi : Interview (\$) Photos
1) : Final Report Date/Time, File Return to?	dd Fee: Site Insp (\$) _s+Rs_si

SY0A21140008 / YEW TEE AUTOMOBILE TECH PTE LTD [417800] ENTRY DATE & TIME: 04/01/2021 16:20 (SGT) SUBMITTED BY: TOH LEI MING VERSION: 1 (04/01/2021 16:20 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process

This Form must be completed by the Policyholder and/or the Authorised Driver

2. This Form must be completed by the Foliagnated attacks to repudiate 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.

ACCIDENT STATEMENT

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

04/01/2021 16:20 (SGT) 04/01/2021 07:50 (SGT) Teban Gardens, Singapore OPEN CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMN5421H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No LEE CHENG KWOK SXXXX943B DAVIDLEE1486@HOTMAIL.COM (Phone) +65-82885351 (Home) +65-82885351

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

vour vehicle? Vehicle Category Hyundai Avante

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Axa Comprehensive No VPA/P2370920

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LEE CHENG KWOK SXXXX943B 12/02/1966 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 0 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

No Was the accident reported to the police? 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? No No Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

23/12/2000

Male

680542

Yes

No

Clear

Dry

20 YEARS AND 1 MONTH

DAVIDLEE1486@HOTMAIL.COM

APT BLK 542 CHOA CHU KANG ST 52 #06-54

Hit and run / Vandalism / Damaged whilst parked

(Phone) +65-82885351

(Home) +65-82885351

GBE9067Z Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Commercial vehicle Vehicle Category

Name of Driver Contact Number

Address

Address complement Postcode Insurance Company Name

Page 2 of 12

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

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 Pulluyholder and/or the Authorise's Driver.
- 3. Information provided must be as truthful and accurate as possible. Any withul 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.
- By the ladgement of this report to the insurers, you horoby 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)

l 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 (all insurers) 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.

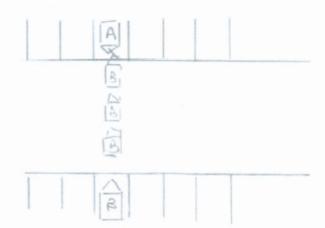
Policyholder's Signatura / Data &

Time 11.35Qu. . Sketch Plan 41.121 Driver's Signature (# driver is not the palicyholdor) / Dato & Time

Witnessed by Reputing Centre

11 - SMH = 921H

131-6BE9067Z



Describe Circumstances of the Accident on 41.12020 of park my or at the Teban Guden corporle. We after my breakfast we go bade to the corporte of saw this long GRE 90672 hit my front portion of my car. And wer reliased the lovry have no driver in the car. And the hard brigger is not pull. I make this report is to claim against the lorry insurance.

Declaration

I/We declare the foregoing particulars are true in every respect.

Time 11. 35 am

4/1/2021

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

