ASS. REC. BY: Tauflin - REF: CS3/ASM	21001005/TH3.
ASS, REC. BY: Taylin 1	IGNMENT COE 2023 Dec
	2 x 11 17 (2) 12 2008, Dec
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	
OD / TP I WS I TP RES / OD RES / EVA / INV / MV	Truck/Trailer or  Make: Toypta Viss c.c 1497
To Inspect Vehicle No:	Wake.
at Workshop m/s	Colour
of	Sp.Reading 170449 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MR05344910
Claims No.	Gen. Cond: Good/Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/Rim / STD A/Rim or
	1 Tyle 0/26.
(Policy Condition)	R:
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 I YOKO Or Wortlake
Bal, or Market Value: \$20K	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm / R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	UBal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 21/1/7185/
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA   REV   REP.   24 HRS	Des. of Damages : Frt / Rear   OIS   N/S / U/C / Rooftop or
Venicie: IN 1	OUT The U/C / Chassis frame / Body Structure affected due to collision.
Dale:Person Contacted:	lebate: \$8041
Date / Time Action / Instruction	\$ 6000, 6 deys.
Report Karyl 94000	
	Y
submit prs report	
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Date/Time, File Pass to? : Preli. Report	Days Of Repair:6
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	. Transportation:
	d Fee: Site Insp (\$)_s+Rs_si
	: Interview (\$) Photos
Repair Format :	: Tech. Invs (\$) Others
Lunsp Sonn / LE.A: (% )	:Weelfend (\$)
, , , , , , , , , , , , , , , , , , , ,	TOTAL

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SS1Y211G0005-01 / SME MOTOR PTE LTD ENTRY DATE & TIME: 16/01/2021 12:40 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 2 (19/01/2021 09:57 (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

- 5. Information provided most be as utilisted as executed as peculiarly provided most be as utilisted as peculiarly provided most be as utilisted as peculiarly provided most be provided in provided most be provided as peculiarly provided most be provided as peculiarly provided most be provided as peculiarly provided most be provided by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving the provided most be provided as peculiarly the provided most being a peculiarly the peculiarly the provided most being a peculiarly the provided most being a peculiarly the peculiar peculiarly the peculiar peculiar peculiarly the peculiar pec o. This report will be forwarded by the insurers of the GIA records management dende 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 aforesald.

### ACCIDENT STATEMENT

Date of Submission	16/01/2021 12:40 (SGT)
Date of Accident	15/01/2021 15:20 (SGT)
Exact Location of Accident	Ubi Rd 1, Singapore
Additional Location Information	UBI ROAD 1 (TWDS UBI AVE 4)
Country/State of Loss	Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SJM1362L
Naured/PolicyHolder	
Is company?  Name Of Registered Owner  NRIC No  Email Address  Mobile Phone No  Alternative Phone No	No POH CHOO SUAN SXXXX373G danielgoheh@gmail.com (Phone) +65-97533311 +65-97533311
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	Toyota Vios - Private use No - Claiming third party Private car
INSURANCE COMPANY	
Name of Insurance Company	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10122259R02
Cover Note Number	-

DRIVER		
Name of Driver	GOH ENG HO	

11/03/1963 Date Of Birth Indoor Occupation .....

Driving experience Gender	10 YEARS AND 2 MONTHS Male
Mobile Number Alt. Phone Number	(Phone) +65-97533311
Email Address Address	danielgoheh@gmail.com BLK 24 TEBAN GARDENS ROAD #12-166
Address complement Postcode	600024
Is the driver the policyholder?  If No, Relationship of the Driver with the Insured	No Spouse
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE AGCIDENT	
Type of Accident Weather Conditions	Collision - Change/cross lane
Road Surface	Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No Alt. Police Station Phone No	(Phone) +65-65470000 (Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?  If yes, against whom?	No -
CIRCUMSTANCES OF ACCIDENT	
ON 15/01/2021 AT ABOUT 3.20PM, I WAS DRIVIGN ALONG UE JUNTION OF UBI ROAD 1 AND UBI AVE 3, MOVING ABOUT 30 OPPOSITE SIDE INTO MY LANE. I APPLIED BRAKE BUT IT HI	BI ROAD 1 TOWARDS UBI AVE 4. JUST AFTER PASSING THE DM, A YELLOW TAXI (SHA8761J) SUDDENLY TURNED FROM T MY VEHICLE IN THE MIDDLE PART ON THE DRIVER SIDE.
JUNTION OF URL ROAD 1 AND UBLAVE 3, MOVING ABOUT 30	OM. A YELLOW TAXI (SHA8761J) SUDDENLY TURNED FROM
JUNTION OF UBI ROAD 1 AND UBI AVE 3, MOVING ABOUT 30 OPPOSITE SIDE INTO MY LANE. I APPLIED BRAKE BUT IT HI ATTACHMENT(S)  Are accident photos available for attachment?	OM. A YELLOW TAXI (SHA8761J) SUDDENLY TURNED FROM
JUNTION OF UBI ROAD 1 AND UBI AVE 3, MOVING ABOUT 30 OPPOSITE SIDE INTO MY LANE. I APPLIED BRAKE BUT IT HI ATTACHMENT(S)	DM, A YELLOW TAXI (SHA8761J) SUDDENLY TURNED FROM T MY VEHICLE IN THE MIDDLE PART ON THE DRIVER SIDE.
JUNTION OF UBI ROAD 1 AND UBI AVE 3, MOVING ABOUT 30 OPPOSITE SIDE INTO MY LANE. I APPLIED BRAKE BUT IT HI ATTACHMENT(s)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?	Yes No
JUNTION OF UBI ROAD 1 AND UBI AVE 3, MOVING ABOUT 30 OPPOSITE SIDE INTO MY LANE. I APPLIED BRAKE BUT IT HI  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?  DETAILS OF OTHE	Yes No No
JUNTION OF UBI ROAD 1 AND UBI AVE 3, MOVING ABOUT 30 OPPOSITE SIDE INTO MY LANE. I APPLIED BRAKE BUT IT HI  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?  DETAILS OF OTHER  Vehicle Registration Number  Vehicle Manufacturer	Yes No No R VEHICLE PROPERTY 1
JUNTION OF UBI ROAD 1 AND UBI AVE 3, MOVING ABOUT 30 OPPOSITE SIDE INTO MY LANE. I APPLIED BRAKE BUT IT HI  ATTAGHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?  DETAILS OF OTHE  Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model	Yes No No R VEHICLE PROPERTY 1
JUNTION OF UBI ROAD 1 AND UBI AVE 3, MOVING ABOUT 30 OPPOSITE SIDE INTO MY LANE. I APPLIED BRAKE BUT IT HI  ATTACHMENT(S)  Are accident photos available for attachment?  Was there any video captured by Car Camera?  Was there any audio recorded?  DETAILS OF OTHER  Vehicle Registration Number  Vehicle Manufacturer	Yes No No R VEHICLE PROPERTY 1

Name of Driver	CHEE HIN CHENN
NRIC No	SXXXX671I
Contact Number	(Phone) +65-91175394
Address	-
Address complement	~
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person	GOH ENG HO
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJM1362L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

## IMPORTANT NOTICE

- I. 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 withholding of material facts may allow in surance 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. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GTA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the ladgment 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.
- A Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to coffeet, 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 shalf 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)
  - (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 enguiries by me;
  - (iv) administering my claims [including the mailing of correspondence, statements, involves, reports or notices to me, which could involve disclosure of cartain 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
- 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:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing traud, 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.

olicyholder's Signature ate & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/EIN No.

THANK YOU. FAX NO: 67476918

. KETCH PLAN	ama matal	
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	VEH B = SHA 87613 / 10M /	
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		4
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Policyholäeř'š Signature		è
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