		REF:				
ASS, REC. BY:						
			ASSI	GNMENT		
From:		Date:		Veh No: Smv 8884T. Yr Regn: 2020, Oct		
Estimated Cost:			HEE.	Type: M.Car   M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
	TP RES / OD RES / EV	/A / INV / MV	FAR STEE	Truck / Trailer or		
To Inspect Veh			His in	Make: Horda Shuttle. c.c 1496.		
at Workshop m/s				Colour White . A/C: Insured / Std / NI / NA		
				Sp.Reading 12725 T/Radio: Insured / Std / NI / NA		
of			4 67 10	Eng/No:		
Insured:				C/No: 6K82103631 *		
Policy No.				Gen. Cond; Good) Fair / Poor / Burnt		
Claims No.						
Sum Insured: Excess:				Steering: morder 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: 185/60 P15		
(Policy Condi	ition)			R: 185/60R15.		
Remark: The veh had commenced its N/S O/S			O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repai	ir at the time of inspec	tion.		TOYO (YOKO) or		
Bal. or Market	Value:			<u>Front</u> <u>Rear</u>		
IDAC Accident Rport: Consistent? : Yes or No				R/Bal. 06 mm R/Bal. 06 mm		
GIA / PR See	en: Cor	nsistent? : Yes or No		L/Bal. 06 mm L/Bal. 06 mm		
Est. Repairs: days Res.: Yes or No				D.O.A. D.O.I. 17/02/21		
Lum Sum:	%	3 Val.: Yes or No		Survey held at Smart one.		
	/ DED / 24 UDS			Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or		
CA / REV	/ REP. / 24 HRS	Vehicle:	IN / OUT	1 1 199,072		
Date:	Person Contac	oted:		The U/C / Chassis frame / Body Structure affected due to collision.		
Date / Time	Action / Instruction			,		
	TP Bridg	pet Direct.				
	U			A STATE OF THE STA		
	mv: PV:					
Nett;						
	71611 ,			THE RESIDENCE OF SECURITIES AND SECU		
-						
	Charles and					
Date/Time, File Pa	ass to? : Pre	li. Report		Days Of Repair:		
i) : Final Report				Resurvey No. of Trip: Survey Fee:		
Date/Time, File Return to?				Transportation:		
2)		Α	dd Fee			
Printed to the				: Interview (\$) Photos		
Report For	mat:			: Tech. Invs (\$ ) Others		
Lump Sum / LB.J: (3				:Weel end (\$ )		

SN08212A0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 10/02/2021 16:19 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (10/02/2021 16:19 (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 policy liability.

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**

10/02/2021 16:19 (SGT) Date of Submission 10/02/2021 09:00 (SGT) Date of Accident Geylang East Central, Singapore **Exact Location of Accident** SLIP ROAD TOWARDS ALJUNIED ROAD Additional Location Information Singapore Country/State of Loss

## **DETAILS OF OWN VEHICLE**

SMV8884T Vehicle Registration Number

## INSURED/POLICYHOLDER

Yes Is company? JOO HENG PLASTICS TRADING Name Of Registered Owner 5XXXX688J Company Reg No benson.jhp@gmail.com **Email Address** (Phone) +65-90072668 Mobile Phone No (Office) +65-65422776 Alternative Phone No

#### VEHICLE PARTICULARS

Honda Manufacturer Shuttle Model Variant Exact purpose for which vehicle was being used at time of Employment accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

# INSURANCE COMPANY

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

China Taiping Insurance Comprehensive DMPCSNW00150042000

No - Claiming third party

Commercial vehicle

# DRIVER

Name of Driver NRIC No Date Of Birth Occupation

NG CHEE KOON, BENSON SXXXX099I 02/01/1981 Outdoor

**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

15/01/2003

18 YEARS AND 1 MONTH

Male

(Phone) +65-90072668

benson.jhp@gmail.com

BLK 1 PINE CLOSE #15-173

390001

No

Employee

No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

Collision - Head to Rear

Clear

Dry

#### 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

# PLEASE REFER TO SKETCH AND ATTACHMENT

#### ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

Yes No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

SJH2234T

Private car

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 Formmust 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 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
- 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 (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.
- 8. 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 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' 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;
- (ii) 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.

re / Date & Sketch Plan

Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Cent

Personnel

A= SMV 88841 3 = SJH2234T Slip road of Geylang East Control Howards Aljunical Read

		f
	/	
	Pales to attacked	
	/	
/		
Declaration		
We de last the bregoing particul	ars are true in every respect	
(P) (BOND) 10		
* (19.5)		///
8 400		12/2/20
10/		

On 10.02.21 at about 09:00 hours at slip road of Geylang East Central towards Aljunied Road. While I was stopping at the above slip road waiting for oncoming traffic to clear, suddenly I heard a loud bang from behind. I alighted and realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle.

Vehicle (A): SMV8884T

Vehicle (B): SJH2234T





gut wolod 2021