	DEF.	
ASS, REC. BY:	REF:	
	ASS	IGNMENT
From:	Date:	Veh No: SMM7691L. Yr Regn: 2016/ Jan
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
D / TP / WS / TP RES / OE	D RES / EVA / INV / MV	Truck / Trailer or
o Inspect Vehicle No:		Make: Toyta Altis. c.c 1598
t Workshop m/s		Colour Black. A/C: Insured / Std / NI / NA
ſ		Sp.Reading /65130 T/Radio: Insured / Std / NI / NA
	0.000	Eng/No:
nsured:		C/No: MR053REH104543622
olicy No.		Gen. Cond: Sood / Fair / Poor / Burnt
laims No.	F	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured:	Excess:	Brake: inorder / Jammed / Leaked / Burnt or
(Client's Record)		Modi: Nil / S/Rim / STD A/Rim or
Make of Veh:		- (12.01)
		0 -= 1- /
(Policy Condition)	menced its N/S 0/S	
Remark: The veh had com	inchood ito	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time	of hispection.	TOYO/YOKO or Continents.
Bal. or Market Value:		Front Rear
DAC Accident Rport:	Consistent?: Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 000 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 19/02/21
_um Sum:	% 3 Val.: Yes or No	Survey held at Kail Motor. / /
CA / REV / REP. /	24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
wante of the larger of the	Vehicle: IN / OU	
	son Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action /	Instruction	•
1111	10	
		READER CIVIR
mv :	(845)	(ISA 3592)
PV:		
Nett:		
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:
	: Final Report	Resurvey No. of Trip: Survey Fee:
1) Date/Time, File Return to?	. Final Kapore	Transportation:
	Add Fe	ee: :Site Insp (\$)s+Rssi
2)		: Interview (\$ Photos
Donort Formet		: Tech. Invs (\$) Others
Report Format:		:Westend (\$
Lump Sum / LBJ: (\$)	. West city

SN07212B0005 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 11/02/2021 11:06 (SGT) SUBMITTED BY: Thomas Chen VERSION: 1 (11/02/2021 11:06 (SGT))



SINGAPORE ACCIDENT STATEMENT

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.

ACCIDENT STATEMENT

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

11/02/2021 11:06 (SGT) 10/02/2021 18:00 (SGT) Near 167E Punggol E, Singapore 825167 BLK 167A PUNGGOL EAST SERVICE ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMM7691L

INSURED/POLICYHOLDER

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

No LIM CHYE MONG S1161997E LIMCHYEMONG@GMAIL.COM (Phone) +65-97891918 -+65-97891918

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

Private hire

Toyota Corolla

No - Claiming third party

Private hire

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

LIM CHYE MONG S1161997E 16/08/1955 Indoor

Comprehensive

5113730032-01

13/01/2021 - 12/01/2022

Accident report SN07212B0005

Date Of Driving Pass 05/02/1979 Driving experience 42 YEARS Gender Male Mobile Number (Phone) +65-97891918 Alt. Phone Number +65-97891918 LIMCHYEMONG@GMAIL.COM Email Address Address 29 ELIAS ROAD Address complement #05-19 Postcode 519933 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Side Swipe Weather Conditions Clear Road Surface 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 ONG Name Male Gender 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 SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

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

SLJ9502P

Mazda

3

Vezda

Red

Private car

SUAIDI BIN MASWARI

S1600317D



15 7 7 13	AT KREATT	ARE ALL PARTIES	C. C. C. S. C. C.
INC 513	AL MULL	MC SERVE	to the little

Topon No. M.I.	on No. MT	D.O. V	10/02/2	021	
			Lunco	18:00	hr

Report Date & Start Time.	11 02 2021	10,47
Vehicle No SMM76911	Reporting Type	

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 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 companies.
- 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 lodgment 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)

I 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 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)
 - (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' 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:
 - (i) 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

11/02/21 10:47 holder's Signature / Date & Time

11/02/21 10:47

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

THOMAS CHIEN (SD948 Customer Care Executive Motor Septice Centre

Witnessed by Reporting Centre Peronnel

Contact Number	(Phone) +65-96831102
Address	-
Address complement	
Postcode	-
Insurance Company Name	•
Nature Of Damage	-
Details of property damaged in accident	1-
No. Of Passenger (Including Driver)	1

WITNESS DETAILS

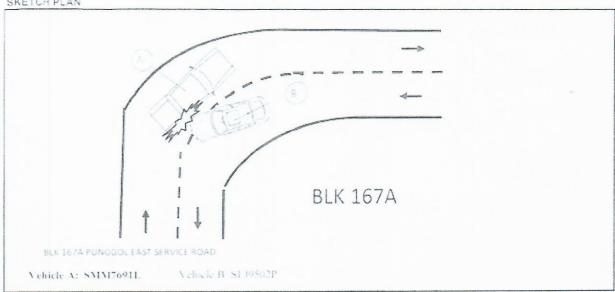
WITNESS 1

 Name
 ONG

 Phone
 (Phone) +65-91178025

 Email

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Section 1	I was driving in my lane and I was negotiating a right bend. I saw Vehicle B came into my lane, so I stopped my car. But Vehicle B
1	still hit the right side of my car (right passenger door, rear right fender and bumper). The entire accident was captured by my in-car
	eamera.

Declaration

Unional Section (Instantine Care Exemine Motor Services entre