ASSIGNMENT

| | Consumer Control | |
|--|--|--|
| From: | Date: | Veh No: SMV1540G. Yr Regn: 2020 / Sept. |
| Estimated Cost: | | Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| OD/TP/WS/ | TP RES / OD RES / EVA / INV / MV | Truck / Trailer or |
| To Inspect Vehi | icle No: | Make: Topola Altis c.c 1598 |
| at Workshop m/ | /s | Colour While A/C: Insured / Std / NI / NA |
| of | | Sp.Reading / 6783 . T/Radio: Insured / Std / NI / NA |
| nsured: | | Eng/No: |
| Policy No. | | C/No: MR2BE3BE000009388 |
| Claims No. | | Gen. Cond. Good Fair / Poor / Burnt |
| Sum Insured: Excess: | | Steering: horder / 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: 225/45 R17 - |
| (Policy Condition) | | R: 025/45R7. |
| Remark: The veh had commenced its N/S O/S | | BS / DUN / EXNOVA / GY / FS / LIZA/ MIC / OHTSU / PIR / SUMI / |
| | r at the time of inspection. | TOYO/YOKO or |
| Bal. or Market \ | Value | Front Rear |
| IDAC Accident Rport: Consistent? : Yes or No | | R/Bal. 06 mm R/Bal. 06 mm |
| GIA / PR See | 0 1 1 10 W - N- | L/Bal. 06 mm L/Bal. 0 mm |
| Est. Repairs: | days Res.: Yes or No | D.O.A. D.O.I. D.O.3 21. |
| Lum Sum: | % 3 Val.: Yes or No | Survey held at i Share. |
| CA / REV | | Des. of Damages : Frt / Rear 1 O/S / N/S / U/C / Rooftop or |
| Date: | Vehicle: IN / OUT Person Contacted: | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time | Action / Instruction | |
| | TP Budget Direct. | |
| | V | |
| | ~ / | |
| | MV: PV: | |
| | Nett: | |
| | 7/6/1 | |
| | | |
| | | D Of Danieliu |
| Date/Time, File Pa | acceptant of the control of the cont | Days Of Repair: |
| 1) | : Final Report | Resurvey No. of Trip: Survey Fee: |
| Date/Time, File Ro | letum to? Add Fee | Transportation: |
| 2) | Aud rec | parameter and the second secon |
| | | : Interview (\$) Photos |
| Report For | | : Tech. Invs (\$) (thers |
| Lump Sum | / LE.J: (\$) | : Weet end (\$) |

SN08212Q0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 26/02/2021 14:42 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (26/02/2021 14:42 (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 <u>completed by the Policyholder and/or the Authorised Driver</u>

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

26/02/2021 14:42 (SGT) 26/02/2021 08:45 (SGT) Yio Chu Kang Rd, Singapore SLIP ROAD TOWARDS HOUGANG AVENUE 2 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMV1540G

INSURED/POLICYHOLDER

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

TOH KENG ANN SXXXX696A kengann.toh@gmail.com (Phone) +65-97438629 +65-97438629

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 Corolla

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

2070134059

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TOH KENG ANN SXXXX696A 02/10/1960 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

Collision - Head to Rear Clear

Dry

07/06/2004

+65-97438629

730670

Yes

No

16 YEARS AND 8 MONTHS

(Phone) +65-97438629

kengann.toh@gmail.com

BLK 670 WOODLANDS DRIVE 71 #09-17

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?

Yes 1

No

No

2

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 PLAN

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

SJQ548D

Private car

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 (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 w orkshop 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 aw 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 Signature / Date &

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

Witnessed by Reporting Centre

26/07

Sketch Plan

A= SMV 1540G B= SJQ 548) Stip Read of To Chutary Road
entering Hongang Avenue 2

| Describe Circumstances of the Accident | |
|---|-------------------------------|
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| Declaration | |
| | |
| /We declare the foregoing particulars are true in every respect. | |
| | |
| | |
| X | / [] |
| | all 26/07/2021 |
| Policyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date | Withessed by Reporting Centre |
| Time & Time | Personnel |

On 26.02.2021 at about 08:45 hours along Slip Road of Yio Chu Kang Road entering Hougang Avenue 2. I was travelling straight on lane 2 and when I was approaching the above mentioned slip road, I slowed down and stopped my vehicle (A) to wait for the oncoming traffic to clear.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): SMV 1540G

Vehicle (B): SJQ 548D

gw 26/00/2021