ASS, REC, BY:	
ASSIC	GNMENT 0 2/4/10 = 0 2/5 D
From: Date:	Veh No: SMRITISZ. Yr Regn: 2019, Dec
Estimated Cost:	Type M.Can / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Surulai Swiff, c.c 1371
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA
of	Sp.Reading 12265. T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: ZC33S117525.
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: Nil S/Rim / STD A/Rim or
	Tyre Size: F: 195/45R17. R: 195/45R17.
(Policy Condition)	R: 195/4) R17.
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/YOKO or Continental.
Bal. or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 0 mm R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 96 mm L/Bal. 16 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. DS/03/2/
Lum Sum: % 3 Val.: Yes or No	Survey held at \$\int \tau\text{fn Hwee}. \ \ \
CA I DEV I DED I 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
CI MIG.	
mv :	
PV:	
Nett:	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fed	: Site Insp (\$)s+Rs,si
	: Interview (\$) Photos
Report Format:	: Tech. Invs (3) Others
Lump Sum / I.B.J: (\$:Weelend (\$

TOTAL

SP0U2134000F / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 04/03/2021 17:25 (SGT) SUBMITTED BY: Lily Lim Buay Hiang VERSION: 1 (04/03/2021 17:25 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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 04/03/2021 17:25 (SGT) Date of Accident 04/03/2021 09:35 (SGT) **Exact Location of Accident** Jln Eunos, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Suzuki

Vehicle Registration Number SMR1418Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HO SONG CHAN IVAN NRIC No SXXXX513C Email Address BOTAKHSC@GMAIL.COM (Phone) +65-96675346 Mobile Phone No Alternative Phone No +65-96675346

VEHICLE PARTICULARS

Manufacturer

Model Swift Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Direct Asia Type of Coverage Comprehensive Fleet Policy Policy Number MT/00881450 Cover Note Number

DRIVER

HO SONG CHAN IVAN Name of Driver NRIC No SXXXX513C Date Of Birth 26/12/1967 Occupation Indoor

Date Of Driving Pass 01/11/1994 Driving experience 26 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96675346 Alt. Phone Number +65-96675346 Email Address BOTAKHSC@GMAIL.COM Address BLK 686B CHOA CHU KANG CRESCENT #12-226 Address complement Postcode 682686 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 Collision - Head to Rear 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver)

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SLX5376P

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 WU ZICAI

 NRIC No
 SXXXX258J

 Contact Number
 (Phone) +65-92984698

 Address

Address complement	
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO SONG CHAN IVAN
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR1418Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMP TRANT NOTICE

- 1. Fiethe 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.
- Inf Imation provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow issurance companies to repudiate policy liability.
- 4. The sue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance companies.
- 5. Are Ifalse 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 Sir* spore (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 theing made available aforesaid.
- 8. Co reent under the Personal Data Protection Act (PDPA)

l und@litand, 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 my 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) 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.

	30,	Thousand a design of the orange and a second	TO SECURE 1 SE	
	Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Personne Progres:	sive Automotive Pte Ltd
	Sketch Plan			2A Ubi Road 1 #01-45/46 re 408716
		RED LIGHT		Number Plate
PREPRINTED		20		A-Shower

	3.5
RED LIGHT O	Number Plate A - Shri4.8 z B - Six 5376 P
B - SLX5376P	Legend
ORED 11647	Vehicle Bike

ate of Accident:	4 03 /21
me of Accident:	09-40 am 09-35 am
J 520	OWED DOWN FOR RED TRAFFIC LIGHT.
Su DO EN LL	, VEHICLE B HIT DIRECTLY ONTO MY REAR PERTION
	1
_	
*	
	·

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

- T

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd Blk 3022A Ubi Road 1 #01-45/46 Singapore 408716