ASS. REC. BY: CS AGI 21	003586 Avf3
ASSI	GNMENT
From: Date:	Veh No: SMP 3350G, Yr Regn: 2019, 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 Vehicle No:	Make: Toyota Harrier. c.c. 1888. Colour Reple - A/C: Insured/Std/NI/NA
at Workshop m/s	Colour Riple - A/C: Insured / Std / NI / NA
of	Sp.Reading 1883 T/Radio: Insured / Std / NI / NA
Insured: Skm   IS45	Eng/No:
Policy No.	C/No: JTEZB3GH90J004908
Claims No. C10009480 JM	Gen. Cond: 800d / 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: 235/55 P18 · R: 335/55 P18 ·
(Policy Condition)	R: 335 55 R18.
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
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 06 mm R/Bal. of mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 17 3 N D.O.I. 19 03 SI
Lum Sum: % 3 Val.: Yes or No	Survey held at Twin Car.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT  Date: Person Contacted:	The IVO I Observe from I Dayle Structure affected due to collicion
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
P Briget Dicect.	,
mv :	
PV:	
Nett:	
44/21 Adrian confumed LS & 6100	(Red 6852.88, 53%)
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
CONTRACTOR OF THE PARTY OF THE	Resurvey No. of Trip: 2 Survey Fee:
Date/Time, File Return to?	Transportation:
2) 5/4- typist Add Fe	
She She	: Interview (\$ ) Photos
Report Format :	: Tech. Invs (3 ) Others
Lump Sum / L.B. I: (# 6100/2	:Weelend (\$
010012	The state of the s

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
  2. 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

- 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of misrolarity of misrolarity of misrolarity.

  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	18/03/2021 18:14 (SGT)
Date of Accident	17/03/2021 07:50 (SGT)
Exact Location of Accident	Clementi Rd, Singapore
Additional Location Information	TWDS AYE
Country/State of Loss	Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Numbe	***************************************	SMP3350G	
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JENNIFER LEE LIPING
NRIC No	SXXXX342F
Email Address	JENNIFER_LIPING@YAHOO.COM
Mobile Phone No	(Phone) +65-82339929
Alternative Phone No	+65-82339929

#### VEHICLE PARTICULARS

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

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900165456
Cover Note Number	-

### DRIVER

Name of Driver	JENNIFER LEE LIPING
NRIC No	SXXXX342F
Date Of Birth	10/10/1985
Occupation	Indoor

Mobile Number Alt. Phone Number Email Address 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	(Phone) +65-82339929 +65-82339929 JENNIFER_LIPING@YAHOO.COM 61 MOUNT SINAI #14-03 277113 Yes - 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?  PASSENGER 1	No 2 No - Yes 3
Name Gender	PASSENGER Male
PASSENGER 2	Male
Name Gender  DETAILS OF POLICE ACTION	PASSENGER Female
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE ATTACHED STATEMENT.	
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	SKM1154J - -

Contact Number	02 022 21
Contact Number	-
Address	
ddwaa aanalanaat	-
Address complement	a contract of
Postcode	
acutones Commons Name	-
nsurance Company Name	-
Nature Of Damage	
Note: In of annual desired to the second sec	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	
The state of the s	·

#### 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
- 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
- (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 making 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (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 & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

: SMP 3350G

		s of the Acc	ident				1		
On	7/03/20	21 at	abou	+ 07:	Sohrs	i w	as driv	1114	ry.
Velsica	10 ( SM	P33506	90	ing to	AYEL	city).	from	Clem	engi
Road	1 was	driving	my	Wehick	on	the s	econd	ane	1 160 4
1 m	17/03/20 le (SM / was M the	10AIU	on 1	dement,	road	as	the t	raffic	was
head	1 and	Slow	all	vehicle	s ane	Slow	MOY	ng as	well.
Sunda	lead i	4014 9	n Imp	act from	n the	rear.	1 ali	guted	qua
Carl	in the	Wahiele	BI	SKMII	547)	Has	collida	d int	O
OUW	that rear	portion	1010	exchai	nged c	outacts	anol	left	
0111	erwards.				7				
4 17	Erwa as.								
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							1		
		***************************************							

# Declaration

IWe declare the foregoing particulars are true in every respect.

Poscyholder's Signature / Date & Time

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

Witnessed by Reporting Centre

Personnel