REF: CS/INC21003720/Atf3 ASS, REG. BY: ASSIGNMENT SMS2644A. Yr Regn: 2020/ Feb. Veh No: Date From. Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer of OD / TP / WS / TP RES / OD RES / EVA / INV / MV 1498 Honda Accord Make: To Inspect Vehicle No: Insured / Std / NI / NA A/C: Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured: MRHCV1650KP000022 C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Inorder / Jammed / Leaked / Burnt or (Client's Record) Nil /S/Rim / STD A/Rim or Modi: Make of Veh: 225/50 R17. Tyre Size: 225/50R17. (Policy Condition) O/S BS / DUN / EXNOVA / GY / FS / LIZA (MIC / OHTSU / PIR / SUMI / N/S Remark: The veh had commenced its repair at the time of inspection. TOYO/YOKO or Rear Front Bal. or Market Value: R/Bal. Consistent?: Yes or No mm IDAC Accident Rport: L/Bal L/Bal. Consistent?: Yes or No GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No days Est. Repairs: Survey held at 3 Val.: Yes or No Lum Sum: Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Action / Instruction Date / Time INC lump sum \$5000, 5days MV : red: 11070.55;68% Nett: Days Of Repair: 5 Date/Time, File Pass to? Preli. Report Survey Fee: Resurvey No. of Trip: **Final Report** Transportation: Date/Time. File Return to? Add Fee: Site Insp (\$ S + RS.\_\_SI Interview (\$ Photos

Tech. Invs (\$

Weetend (\$

Report Format:

Lump Sum / LBJ: (\$ 5000

Others

TOTAL.



SS1Y213M000A / SME MOTOR PTE LTD ENTRY DATE & TIME: 22/03/2021 16:12 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (22/03/2021 16:12 (SGT))



# 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 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

22/03/2021 16:12 (SGT) 22/03/2021 12:20 (SGT) Lor 8 Toa Payoh, Singapore SLIP RD TWDS LORONG 7 TOA PAYOH Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMS2644A

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** 

Mobile Phone No Alternative Phone No

TAN SIONG CHING SXXXX231H richard11705@yahoo.com (Phone) +65-97227815 +65-97227815

#### VEHICLE PARTICULARS

Manufacturer

Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Honda Accord

Private use

No - Claiming third party Private car Auto 1500

#### INSURANCE COMPANY

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

Tokio Marine Insurance Singapore Ltd Comprehensive No MR000618

#### DRIVER

Name of Driver NRIC No

TAN SIONG CHING SXXXX231H

24/05/1949 Date Of Birth Indoor Occupation 07/08/1967 Date Of Driving Pass 53 YEARS AND 7 MONTHS Driving experience Male Gender (Phone) +65-97227815 Mobile Number Alt. Phone Number +65-97227815 richard11705@yahoo.com **Email Address** 117 LENTOR STREET Address Address complement 786826 Postcode 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

GENERAL INFORMATION OF THE ACCIDENT

Insurance Company of Other Vehicle Owned by Driver

Type of Accident Weather Conditions Road Surface Collision - Head to Rear

Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
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?

No
Was any of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I STOPPED AT A SLIP ROAD OF LORONG 8A TOA PAYOH TOWARDS LORONG 7 TOA PAYOH TO CHECK MAIN ROAD TRAFFIC BEFORE DRIVING OUT. SUDDENLY, I FELT AN IMPACT. VEHICLE B COLLIDED WITH THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# DETAILS OF OTHER VEHICLE PROPERTY 1

## **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

TAN SIONG CHING
CHING
SMS264ING

SMS264ING

Yes
No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report gorrestly the details of the accident to speed up the claims process
- 2. This form most be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as <u>postability and accurate as possible</u>. Any wirful misrecresentation or withholding of material facts may allow insurance companies to reportiate policy liability.
- 4. The visue and acceptance of this Form by insurance nonaparies is not an admission of policy habitet 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.
- 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)

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 insurers) 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 relovant government agency/authority (such as the police), for the purpose(s) of:
  - 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 mes
  - (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 cigims. [collectively the "Purposes"]
- (b) all insurer(s) who have insured vehicle(s) involved to 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.
- (n) the information so collected under (d) above may be shared / disclosed
  - 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 apy regulations, laws or court orders.

Policyholder's Signatury Oute & Time: Oriver's Signature (If driver it hat the policyholder) (lare & TuneReporting Centre Personnel's Signature Name: Nasc/Fini No.:

man are well

I authorized SME to email the GIA Paport to admin@nhtmotov.com

SKETCH PLAN	
	A- SM132(44A
Lot 7 Toa Payon	B- SLG 62580
4	Slip Rad of
	LOF 8 A Toa Payon Tonoprode
THE TAIL OF THE PARTY OF THE PA	Lor 7 Tox Payon
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I Stopped at a Slip toad of tongrass for 7 Toa Payon to ch traffic before aliving out.	Lor BA Toa Papah eck main toad
Suddenly, I felt an impact.	
Weh "B" collided with the t	ear portion of ages.
	B.
DECLARATION  (We declarathe foregoing particulars are true in every respect	
bh bh	
(Pa)	
Policyholder's Significant  Date & Time:  Oute & Time:  Oute & Time:	Reporting Centre Personnel's Signature Name: N20C/FM No.

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Singapore NRIC
231H
SMS2644A
No
22 Mar 2021
HONDA
ACCORD 1.5 VTEC TURBO CVT
White
2019
L15BG2100584
MRHCV1650KP000022
148.0 kW (198 bhp)
\$39,894.00
19 Feb 2020
19 Feb 2020
0
\$47,852.00
Yes
18 Feb 2030
\$35,889.00
18 Feb 2030
E - Open - all except motorcycle
10
\$38,000.00
\$33,068.00
\$68,957.00

The information contained herein is correct as at 22 Mar 2021