SS. REC. BY: Steve - CS3/LPC	21004585 /E++3
1.1/2	CK1, 70001 1011,109
From: Dale:	Veh No: Yr Ragn: Yr R
Esilmaled Cost:	Type M.Car M.Cycle / Bus / Van / Lorry I.Text / Prime Mover /
OD (TP) WS I TP RES I OD RES I EVA LINV I MY	Truck / Traller or
To Inspect Vehicle No:	Make: Toyta Estina cc 1561
el Workshop m/s	Colour AJC: Insured / Std / NI / N
ol	8b.Reading : 191841 TIRadio; Insured 18td I NI 1 N
Insured:	Eng/No:
Policy No.	C/No: ACR 5 9 7 9 5 9 3 9 2
Claims No.	Gen, Cond: Good I Fold Poor I Burnt
Sum Insured: Excess:	Steering: Inerder / Jemmed / Leaked / Burnt or
(Client's Record)	Brakes Inorder / Jammed / Leaked / Burnt or
Make of Veh;	Modi: Nil / S/Rlm / STO A/Rim or
. 1.1	Tyre Size; F: 225/55 ZR/7
(Policy Condition)	R: V
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.	TOYOTYOKO or & Headking
Rail or Market Value:	Front
IDAC Accident Roorl: Consistent?: Yes or No	R/Bal, . mm R/Bal. mr
SIA / PR Seen; Consistent?: Yes or No	UBal. Wal. mr
Est Repairs: days Res.: Yes or No .	D.O.A. 9/1/21 D.O.I. 13/4/21
Lum Sum: % 3 Val.: Yes or No	Survey held at Galayy Hulo
	Des. of Damages: Frt / Rear / O.S. / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN/OUT	Des. of Daniages ; Pri / Rear / C/O / R/O / C/O / Roots of
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Yims Action / Instruction	
MV- 63K	
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SUBMIT PRS REPORT	
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	TOTAL

T219707015 / SME MOTOR PTE LTD
TRY DATE & TIME: 09/04/2021 16:32 (SGT)
BMITTED BY Chia Pei Ying
FROM: 1/09/04/2021 16:32 2149000B / SME MOTOR PTE LTD ERSION: 1 (09/04/2021 16:32 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process

Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. policy liability.
4. The issue a

Include 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.
 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.
 But the bottoment of this report to the insurance available aforesaid.

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.

FACCIDENT STATEMENT

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

09/04/2021 16:32 (SGT) 09/04/2021 13:00 (SGT) Ang Mo Kio Ave 10, Singapore **BLK 527 CARPARK** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKG7552K

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

TAN BEE CHOO

SXXXX156Z

galaxyautocarepl@gmail.com

(Phone) +65-87846165

+65-87846165

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

Toyota

Estima

Private use

No - Claiming third party

Private car

Auto

2400

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Cover Note Number

Policy Number

DRIVER

Name of Driver

NRIC No

Auto & General Insurance (Singapore) Pte. Limited. Comprehensive

No

P10191019R01

ANG TECK BENG SXXXX863F

	17/02/1966					
THE THE INSTANCE WHENEVER & THE SERVE PRODUCE HE PROPERTY OF THE	Indoor					
riving Pass	13/08/1984					
experience	36 YEARS AND 8 MONTHS					
and the second of the second o	Male 97486247					
Number	(Phone) +65-87486247					
Phone Number	galaxyautocarepl@gmail.com					
nail Address	BLK 85 CIRCUIT ROAD #07-1013					
	*					
Address complete	370085					
postcode postcode Is the driver the policyholder?	No					
. Polationship of the Driver with the insured	Spouse					
	No					
Vehicle Registration Number of Other Vehicle Owned by Driver						
Insurance Company of Other Vehicle Owned by Driver						
GENERAL INFORMATION OF THE ACCIDENT						
	and the standard collision					
Type of Accident	Collision - Head on collision					
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					
VVd3 dily other material at prop	2					
Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)	_					
soliciting/offering accident claims assistance?	No					
PASSENGER 1						
Name	TAN BEE CHOO					
Gender	Female					
DETAILS OF POLICE ACTION						
Was the accident reported to the police?	No					
Was notice of intended Prosecution given?	No					
If yes, against whom?	•					
CIRCUMSTANCES OF ACCIDENT						
THERE'S A STATIONARY VEHICLE AT THE SIDE OF THE ROA	AD. I PROCEED TO PASS BY FROM THE VEHICLE LH PORTION					
WHEN VEHICLE B FROM THE RIGHT PARKING LOT DASHED	OUT AND HIT ONTO MY VEHICLE'S FRONT RIGHT PORTION.					
ATTACHMENT(S)						
Are accident photos available for attachment?	Yes					
Was there any video captured by Car Camera?	No					
Was there any audio recorded?	No					
POSTALLS OF OTHER	R VEHICLE PROPERTY:					
REPAIR OF THE						
Vehicle Registration Number	SG 1/11/8Y					
Vehicle Manufacturer	SGJ4148X					
Vehicle Model	•					
Vehicle Variant	•					
Vehicle Colour	-					

Private car

Priva

SKETCH PLAN

IMPORTANT NOTICE

- , are asserted correctly the declars of the ancident to speed up the classes prepaids
- 2 for fermoust the completed by the Policyholder and/or the Authorised Divige
- 2 from the provided most be as truthful and accounte as possible. Any will descriptes on with obling of material facts may 3 Morning Companies to repudente policy liability
- at we have and acceptance of this Enemby insurance companies is not an adversion of policy tability on the part of the insurance.
- Any false reporting may be referred to the Police for investigation
- 6 Terreport will be trewinded by the resurers at the CVA Records Management Coetre estatissied by the General Insurance Association 6 Ton to the (GA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- T By the lodge-rect of this report to the insurers, you hereby consent to the archiving of this report of the centre and to occurs of the record being mode as adable af or easied
- ε Consent under the Personal Data Protection Act (POPA)

Linderstand, acknowledge, agree and consent that

(a) My ensurer, my wickshop and the General Insurance Association of Singapern (IGIA) may/are permitted to coloct, use, disclose satisfaces and tresposal data/personal information set but in this Hourist and any other personal adorestion provided by the of gostion processing the personal information is and disclose and transfer such Personal Information is all insperses. possesses of a service of the second of the second (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the Insurers.) the hourses lawyers law tens, the Monetary Authority of Sengapore and any relevant government agency/authority (such as the police), for the purpose(s) of

to processing handling an iter dealing with my claims including the settlement of the claims and any necessary investigations relating to the clares

- (ii) investigating the accident and/or my classes)
- (a) carrying out and/or dealing with my instructions or responding to any enquiries by me
- (iii) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve declarate of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes inside packages) and/or
- (v) complying with applicable law in administering processing, handling and/or dealing with my claims.

(collectively the 'Purposes')

(b) all reciterts) who have insured vehicla(s) involved in this accident and the Insurers' law yers faw fixms, may/are permitted to collect, use disclose anothe 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 featurers and/or CIA to their ford party service providers of agents (including their lawyers haw firms), which may be ailed outside of Singapore, (or one or more of the above Purposes,

Please amoil my fin report to my cookedap email:

adaxyantocample gmil com A

Perkeyhelder's Eignature / Date &

Oxogra Signature (Fidniver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan

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Declaration

Wife decision the foregoing particulars are true in every respect

2

Roszybolder's Signature / Date & Tens

Driver's Signature (British is out the policylishler) - Date & Time

Witnessed by Reporting Centre Forcemed