ASSIGNMENT

From: Date:	Veh No: SLE3123 RyrRegn: 2016/July
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: Kin Cerato K3 c.c 1591
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading 80637 . T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KNAFZ411MH5635306
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: morder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
Cold Control of the Cold of th	Tyre Size: F: 225/45 R17.
(Policy Condition)	R: 225/45 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
Bal. or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. Omm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. Ob mm L/Bal. 96 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 12/04/21.
Lum Sum: % 3 Val.: Yes or No	Survey held at Smart One.
	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	,
TP Ching.	
mv :	
PV:	
Nett;	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
Einal Ponort	Resurvey No. of Trip: Survey Fee:
1) : Final Report Date/Time, File Return'to?	Transportation:
Add Fe	e: : Site Insp (\$)s + Rssi
2)	: Interview (\$) Fhotos
Report Format:	:Tech. Invs (\$) Others
Lump Sum / LB.I: (\$:Weet end (\$)
Leavening to some a second	Control of the Contro

SN08214C0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 12/04/2021 10:48 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (12/04/2021 10:48 (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.

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 Independent of this report to the insurance was hardly accounted to the insurance and the copies of the copyright of the copyr

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

12/04/2021 10:48 (SGT) 09/04/2021 19:45 (SGT) Woodlands Ave 12, Singapore TOWARDS SLE (AFTER WOODLANDS AVENUE 1 EXIT) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SI F3123R

INSURED/POLICYHOLDER

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

No CHOI ZHAO LIN (CUI ZHAOLIN) SXXXX254Z smartoneauto@gmail.com (Phone) +65-96774257 +65-96774257

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 Transmission CC

Private use

Kia

Forte

No - Claiming third party Private car Auto 1591

INSURANCE COMPANY

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

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive No 2100474848-04

DRIVER

Name of Driver NRIC No

CHOI ZHAO LIN (CUI ZHAOLIN) SXXXX254Z

21/07/1982 Date Of Birth Indoor Occupation 07/07/2009 Date Of Driving Pass 11 YEARS AND 9 MONTHS Driving experience Male Gender (Phone) +65-96774257 Mobile Number +65-96774257 Alt. Phone Number smartoneauto@gmail.com **Email Address** BLK 617B JURONG WEST STREET 65 #04-110 Address Address complement 642671 Postcode Yes Is the driver the policyholder? 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 Chain 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

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

No
Number 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

PLEASE REFER TO SKETCH AND ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

WITH OWNER

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

SJG6480C

SJG6480C

Private Category

Private care

Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	7-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLA3380K
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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	CHOI ZHAO LIN (CUI ZHAOLIN)
Address	
Address Complement	*
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SLE3123R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue 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.
- 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)

I understand, 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 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 nackanesh: 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 (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centro Personnel

Sketch Plan

A= SLE 3123R

3= SJG 6480C

C= SLA 3380k

Woodlands Are 12

towards SLE

(After Woodlands Are 1 Exit)

III I I I I I I I I I I I I I I I I I		_/
		-
	/	
		Necessary and American Street,

	Refer to attached	
/		
/		
-/-		
/		
claration		

Accident report SN08214C0002

On 09.04.21 at about 19:45 hours at along Woodlands Ave 12 towards SLE (After Woodlands Ave 1 Exit). While I was travelling straight on the lane one and traffic was heavy, my front vehicle slow down and stop hence I follow suit.

Suddenly I heard a loud bang from behind and when I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles involved.

Vehicle (A): SLE3123R

Vehicle (B): SJG6480C

Vehicle '(C): SLA3380K

Am /2/04/2021