	REF: CS	/EGI21005628/Atf3		
SS, REC. BY:		ASSIGNMENT		
		a v TOU	3Kyr Regn: 2013, May	
rom.	Date:	Veh No: SCORT M.Cycle / Bus / Van		
stimated Cost:		Truck / Trailer or		
DITPIWS TP RES	OD RES / EVA / INV / MV	PM 141 21	6: 0.0 1538	
o Inspect Vehicle No:			<u>V 1</u>	
t Workshop m/s		Colour Black	T/Radio: Insured / Std / NI / NA	
of		Sp.Reading 87664	Th Addo, Modrod Foto First	
nsured:		Eng/No:	1120×0J 720426	
Policy No.				
Claims No.		Gen. Cond: 800d / Fair / Poor / B		
Sum Insured:	Excess:	Steering: Inorder Jammed / Lea		
(Client's Record)	200	Brake: Inorder / Jammed / Lea		
Make of Veh:	11000			
		003	50 RIT.	
(Policy Condition)	_	K		
Remark: The veh had co	ommenced its N	BS DUN / EXNOVA / GY / FS / L	LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the ti	me of inspection.	TOYO/YOKO or		
Bal. or Market Value:	CHARLES PROBERED	Front	/ Rear	
IDAC Accident Rport:	Consistent?: Yes or No	o R/Bal. OC mm	R/Bal. pb mm	
GIA / PR Seen:	Consistent?: Yes or N	o L/Bal. Q mm	L/Bal. 06 mm	
Est. Repairs:	days Res.: Yes or N	No D.O.A.	D.O.I. 10/05/21	
Lum Sum:	% 3 Val.: Yes or N	No Survey held at	S.K.	
Market Committee		Des. of Damages : Frt Rear I	O/S / N/S / U/C / Rooftop or	
CA / REV / REP.	/ 24 HRS	icle: IN / OUT		
Date:	Person Contacted:	The U/C / Chassis frame /	Body Structure affected due to collision	
Don't I want	on / Instruction			
16	Ecgo.			
	V			
mv PV		LIMD SLIM \$1000 2DAVS		
Nett	DED. CAAO	UMP SUM \$1900, 2DAYS 43; 77%		
74611	,			
		Dava Of Danaire		
Date/Time, File Pass to?	: Preli. Report	Days Of Repair: 2	Survey Fee:	
1)	: Final Report	Resurvey No. of Trip:	Transportation:	
Date/Time, File Return to?		Add Fee: Site Insp (\$) S + RS,SI	
2)	Marie Victoria de Constante) Fhotos	
		: Interview (\$	/ F10005	
-		100	A College	
Report Formal:		: Tech. Invs (\$) Others	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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

03/05/2021 18:23 (SGT) Date of Submission 01/05/2021 15:40 (SGT) Date of Accident **Exact Location of Accident** Singapore Additional Location Information ALONG JALAN EUNOS Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

No - Claiming third party

Private car

Auto

1600

Vehicle Registration Number SKJ8403K

INSURED/POLICYHOLDER

No Is company? **CHUI KOK PING** Name Of Registered Owner SXXXX564H NRIC No 118port@gmail.com **Email Address** (Phone) +65-90085539 Mobile Phone No +65-90085539 Alternative Phone No

VEHICLE PARTICULARS

RMW Manufacturer B.M.W. / 316I 1.6 AT D/AB 4DR ABS HID Model Variant Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission CC

INSURANCE COMPANY

Cover Note Number

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage No

Fleet Policy 5116445950 Policy Number

DRIVER

CHUI KOK PING Name of Driver SXXXX564H NRIC No

Accident report SV0L2153000H

08/07/1979 Date Of Birth Indoor Occupation 24/07/2019 Date Of Driving Pass 1 YEAR AND 10 MONTHS Driving experience Gender (Phone) +65-90085539 Mobile Number +65-90085539 Alt. Phone Number 118port@gr.nail.com Email Address 443 YISHUN AVENUE 11 #07-32 Address Address complement 760443 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 Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 PANG LI CHOO Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER ATTACHED; ATTACHMENT(S) Are accident photos available for attachment? Yes No Was there any video captured by Car Camera? Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 SMQ2240S Vehicle Registration Number Vehicle Manufacturer

HONDA / VEZEL 1.5X CVT

Private car

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category

Name of Driver	
Contact Number	
Address	
Address complement	
Postcode	
nsurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
0 1 1 5 5	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust 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.
- 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;
- (iii) 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.

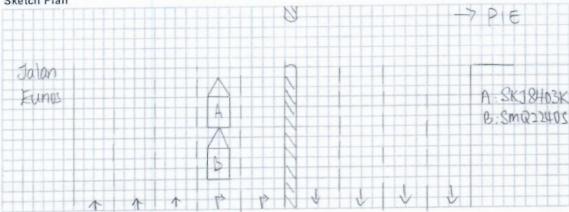
Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 4 15933 Tel: 67416697 Fax: 67492305

Witnessed by Reporting Centre Personnel 0 3 MAY 2021

Sketch Plan



Describe Circumstances of the Accident
On 01/05/2021, at about 15:40hrs, my vehicle was stationary
at the Junction between Jalan Euros and PIE. I was nighting for
the traffic to be in my favor when suddenly I felt an impact from
the near. I then realised vehicle B had collided onto my vehicle's
rear portion,

Declaration

We declare the foregoing particulars are true in every respect.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Exault vackbebylcom.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel 0 3 MAY 2021