MET. CG/5MR21005703/T14f3 SJW 6943 A YI ROGE 2010 April. Veh No: Type: M(Ca) / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover / From. Estimated Cost: Truck / Trailer or OD (FR WS ITP RES | OD RES | EVA | INV | MV Proton Exora 1-6 00 1597 Make: To instruct Vehicle No: SJW 6943A ATC: Insured Std / NI / NA Colour TEAM AUTO PRO at Workshop m/s T/Radio: Insured | Std | NI | NA Sp.Reading Eng/No: PLIFZ6YRRAF030778 SHB 5188D Insured: Policy No. Gen. Cond: Goo) / Fair / Poor / Burnt TAX/05/21/2001 Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / S/R/m / STD A/Rim or Make of Veh: Tyre Size: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! / -(Paticy Condition) Remark: The veh had commenced its repair at the time of inspection. Real Front Bai. or Warket Value: R/Bal. Consistent? : Yes or No IDAC Accident Rport: L/Bal. L/Bal. Consistent? : Yes or No GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No 6 Est. Repairs: Survey held at 3 Val.: Yes or No 20 Lum Sum: Des. of Damages : Frt / Rear / OIS) / N/S / U/C CA | REV | REP. | 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure amended due to collision Person Contacted: Date: Date / Time | · Action / Instruction 0955 Confirmed L/S \$4750, 6 repair days. (RED \$14464.84; 75%) Days Of Repair: 6 : Preli. Report Date/Time. File Pass to? Survey - se Resurvey No. of Trip: ,18/10 TYPIST : Final Report Transportation Date/Time, File Return 10? S+R __SI : Site Insp (\$ Add Fee: Phoios : Interview 18 inium, Tech. Ince It Faint Faller TP WALL TO IS Lucie 5mm/ \$4750

SS0221530004 / S & H Motor Pte Ltd ENTRY DATE & TIME: 03/05/2021 15:40 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (03/05/2021 15:40 (SGT))



SINGAPORE ACCIDENT STATEMENT

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.

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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

03/05/2021 15:40 (SGT) 01/05/2021 12:10 (SGT) Tampines North Dr. 1, Singapore car park of Blk 609A Tampines North Drive 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJW6943A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

Lee Wei Ming

SXXXX684G

leearn1980@yahoo.com.sg

(Phone) +65-93390877

(Home) +65-93390877

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

Proton

Exora

Private use

No - Claiming third party

Private car

Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver

NRIC No

NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5121542742

Lee Wei Ming SXXXX684G



Accident report SS0221530004

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06/06/1981 Date Of Birth Outdoor Occupation 22/01/2020 Date Of Driving Pass 1 YEAR AND 4 MONTHS Driving experience Male Gender (Phone) +65-93390877 Mobile Number (Home) +65-93390877 Alt. Phone Number Email Address leearn1980@yahoo.com.sg Blk 610B Tampines North Drive 1 #12-448 Address Address complement 522610 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 Type of Accident Side Swipe 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 Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(\$) soliciting/offering accident claims assistance? No 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 refer attached report. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 SHB5188D

 Vehicle Manufacturer
 Toyota

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 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)

PAO IA - CALLESTINO - S	my lane of a turn.	Sulbinly Vehicle
	s lane and that the m	
	ges of my replied to o	
the right side	of my vehicle is so	sippines & placery
that our		
eclaration		
We declare the foregoing particulars a	ire true in every respect	
F7 D D		7
0	P	1
Alberta	Morning	Milescond by Canadan Caste
	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Raporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly 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 Formby 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. 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 perfes.
- 7. By the lodgement of this report to the insurers, you hareby 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 "Pel sonal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this abcident (all insurer(s) who have insured vehicle(s) involved in this abcident 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 clams:
- (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 intell packages); and/or
- (v) complying with applicable law in administering processing, handling end/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 lew 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 GW 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 policyhokier) / Date

HEODE

8. Time

Witnessed by Reporting Centre

Personnal

Sketch Plan