Lump Sum / LBJ: (3-

ASS, REC. BV.	·
At	SSIGNMENT
From: Date:	Veh No: SLB5538 E. Yr Regn: 2016 / April
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: Horda Juzz c.c 1498
at Workshop m/s	Colour Blue · A/C: Insured / Std / NI / NA
of	Sp.Reading 93036 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: THMGKS850GXL02174
Claims No.	Gen. Cond. Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: /85/55 R/6.
(Policy Condition)	R: 185/55R/6.
Remark: The veh had commenced its N/S O/	BS / DUN / EXNOVA / GY / FS / LIZA / MIC OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. mm L/Bal. min
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 27/05/21.
Lum Sum: % 3 Val.: Yes or No	Survey held at Exclusive . /
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or REAR O/S
Vehicle: IN / C	The U/C / Chassis frame / Body Structure affected due to collision.
	The O/C / Chassis frame / Body Structure and data to compens
Date / Time Action / Instruction	
mv :	
PV:	
Nett:	
(Internal )	
Dale/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:  Transportation:
Date/Time, File Return to?	Fee: : Site Insp (\$ )3+RSSI
2) /4443	: Interview (\$ ) Photos
	: Tech. Invs (3 ) Others
Report Formet:	: Weel and (\$
Long. Som / LBJ: (3	g g greet care

SA1A21570006 / Auto Insure Pte Ltd [739145] ENTRY DATE & TIME: 07/05/2021 17:38 (SGT) SUBMITTED BY: ALYWIN YEO VERSION: 1 (07/05/2021 17:38 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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**

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

07/05/2021 17:38 (SGT) 06/05/2021 17:00 (SGT) Pasir Ris Dr 1, Singapore

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLB5538E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

Yes

ABDUL MANAN BIN MENAME

SXXXX295C taygx89@gmail.com

(Phone) +65-94380844 +65-94380844

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

Honda Jazz

Private use

No - Claiming third party

Private car

Auto

1498

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

DMPCSNW00070992100

Comprehensive

DRIVER

Name of Driver Company Reg No ABDUL MANAN BIN MENAME SXXXX295C

China Taiping Insurance (Singapore) Pte. Ltd.



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

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? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

PASSENGER 2

PASSENGER 3

Name

Gender

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given? If yes, against whom?

ATTACHMENT(S)

CIRCUMSTANCES OF ACCIDENT

Are accident photos available for attachment?

Was there any video captured by Car Camera? Was there any audio recorded?

Accident report SA1A21570006

22/07/1956

Indoor 06/02/1980

41 YEARS AND 3 MONTHS

(Phone) +65-94380844

+65-94380844 taygx89@gmail.com

BLK 298 TAMPINES ST 22 #03-554

520298

Yes

No

Collision - Change/cross lane

Clear

Dry

No 2

No

Yes

4

No

NIL

Female

NIL

Male

NIL

Male

No

No

MY VEHICLE WAS STATIONARY AT TRAFFIC LIGHT, SUDDENLY I FELT AN IMPACT ON MY RIGHT REAR PORTION, THEN I REALIZED VEHICLE B (SG1053D) HAD HIT INTO MY RIGHT REAR PORTION. AFTER ACCIDENT, VEHICLE B DRIVER TOLD ME HE WAS SORRY AND MISJUDGE THE SPACE.

Yes

No

No

Page 2 of 11

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SG1053D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Bus 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)

中国太平保险 (新加坡) 有限公司 中国太平 MOCIF N DN CERTIFICATE OF INSURANCE ANOSSKA Con Type C Engine for Liberrariassi CHA NO CHANCESSOCIAZO2174 AMERICANA ARCHOL MANANTHIN STEPHANT Named Doyers Ex. Sect. ( at Ex-Ormel trian Named Orvers 253,000,00 Ex.Sect 1-Age s+ 25 Ex Soct 1 - Ape -= 28 \$\$500.00 age to at date of accident EX ON WINDSOREEN 5\$100.00 or the person chiving is permitted in accordance with the licensing or other laws or to only the Motor Yeshibo or has been to betterfied and is not disqualified by order or the order meson of any enactment or regulation in that behalf from divining the Motor to the meson of any enactment or regulation in that behalf from divining the Motor. Use for some connectic and pleasure purposes and for the Policyhelder's bosiness.
The policy does not open use for here or reward busine driving test racing accomissing, reliability,
the speechesing, the partiage of goods other than samples in connection with any trade of Business,
use for any purpose is obtained on with the Motor Trade. Excess engineer is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Warrer of Excess for the first \$5500 will apply to the Insured and Named Drivers et the Invent of Over Damage Claim at our Authorised Workshops for each Policy Year. HRE PURCHASE CO. MAYBANK SINGAPORE LIMITED \* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Maleysia), and not to be included under these headings. I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) STERPRIS EN CHINA TAIPING INSURANCE ISINGAPORE PEEL TO GST/Co Reg 201602000 SSUE BY CAR HOUSE ENTERPOSE (S) PTE LTD Authorised Officer na Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) 3 Anson Road #16-00 Springleaf Tower Singapore 079909 @www.sq.cntaiping.com © 6389 6111 6222 1033

BECLARATION  Whe declare the foregoing of  At At A foregoing of the control of th	ariculars are true in evi	war.	2::	parting Centra Parsonner's Signsture
ir We declare the foregoing u				M
	articulars are true in evi	erviescect.		17/
PENSAGA STATE				
			-	
7	Canada			Manufacture of the second of t
misjudge t				
				e he was sorry and
	) had hit			
The vehicle	Dis and Viet	+ CLOC "	inttic ligh	t, suddenly i felt i lealized vehicle !
m	think there	ania 4 +	ruffer to	+ Condinu 1 Cost
TOTAL STATE STATE OF TAKE	and or mic Audiosis			
DESCRIBE CIRCUMSTANC	TES OS THE ACCIDENT	T .		
		5		
		1013		
		-10		The state of the second second
		A	1	VehB : 56 1953
	-	4.4		The second of th
SKETCH PLAN	V		19	Veh A. SLB 5552
	13.1		191	
	6		B	

#### SKRTCH PLAN

### IMPORTANT NOTICE

- Please iscort correctly the details of the eccident to speed up the claims process.
- 1. The Porth music be completed by the Polloyholder and/or the Authorised Driver
- Information provided must be as truthful and accumins as possible. Any wilful migrepresentation or withholding of material facts may allow incurance companies to regulate solitor field inc.
- 4. The issue and accountened of this Form by insurance companies a not an admission of policy liability on the para of the insurance companies.
- 5 Any facto reporting may be referred to the Police for Investigation
- b. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance instructions of Singapore (GIA) for enclaving and that copies of this report will for a fee be made evallable upon spokestion by interested parties.
- By the internant of this report to the insurers, you careby consent to the archiving of this report at the centre and to copies of the report being made available aforeseld.
- 8. Conserv, under the Personal Data Protection Act (PDPA)
  - understand, acknowledge, agree and consont that:
  - (a) We insured my workshop and the General information of Singapore ("SIA") may are permitted to collect, use disclose this/or process my detectal detectation information set out in this iform) and any other personal information are out of the personal information and other personal information are or possessed by my insured contribety the "Personal Information", and disclose and transfer such descend Information to all insured in the personal Information (of insured) who have insured vehicle(s) involved in this section that had be collectively referred to as the "Insurers"), the Majorets' lawyers/law firms, the worksety Authority of Singapore and any relevant government agency/authority (such as the solice), for the purposety) or
    - propessing, handling end/or dealing with my deline including the solitions of the civins and any necessary investigations relating to the dailing;
    - (iii) investigating the excident and/or my dalms:
    - littles riving out and/or dealing with my intractions or responding to any anguines by me;
    - (iv) according terring my claims (including the making of correspondence, statements, invoices, reports or notices to including the making of correspondence, statements, invoices, reports or notices to including the cardinal personal data about me to bring about cellury of the Jame as well as on the external cover of an excepting personal personal representations.
    - complete with Epidicobie law in Edministering, processing, hendling end/or desting with my claims. (collectively the "Purposes")
  - (b) all insurer(s) who have insured venicle(s) involved in this accident and the insurers' lawyets/law firms, may/are partitived to children, use, disclose and/or area case my Parsonal Information for one or more of the above Purposes; and
  - into my Personal Information may/can be disclared by any of the insurers and/or GIA to trief third party service growings or agents including their lawyers/law Birms), which may be tited outside of Sineapore, for one or more of the above Purposes
  - (ii) the Personal Information will also be callected and used to compile disting history for the curpose of fraud detaction, investigation, and management in present and all future desire.
  - (a) the information so collected under (d) above may be shared / disclosed.
    - ii) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulaturs, law enforcement and government agencies or reasonably required for the purposes stated, on

for Complying with requirements under any regulations, it was or equire orders.

Adicyholder's Signatura dale & Time Oriver's Signature If driver is not the policyholder

John & Time:

Reporting Centra Personnel's Signature Name:

WRIC/FIN No.: