ASSIGNMENT

From: Date:		Veh No: 5BN 98686. Yr Regn:	2009 May.			
Estimated Cost:		Type M.Cac M.Cycle / Bus / Van / Lorry / Taxi / Prim				
OD / TP / WS / TP RES / OD RES / EVA / IN	V/MV	Truck / Trailer or				
To Inspect Vehicle No:		Make: Honda Accord.	c.c 2354			
at Workshop m/s		Colour Grey. A/C: Insur	red / Std / NI / NA			
of constant and another			red / Std / NI / NA			
Insured:		Eng/No:				
Policy No.		C/No: JHMCU26408C208703				
Claims No.		Gen. Cond. Good/ Fair / Poor / Burnt				
Sum Insured: Excess	5:	Steering: (norder / Jammed / Leaked / Burnt or				
(Client's Record)		Brake: morder Jammed / Leaked / Burnt or				
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or				
		Tyre Size: F: 225/50R17.				
(Policy Condition)		R: 225/50R17.				
Remark: The veh had commenced its	N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA MIC OHTSU / F	PIR / SUMI /			
repair at the time of inspection.	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. 06 mm L/Bal.	06 mm			
Est. Repairs: days Res.	: Yes or No	D.O.A. D.O.I. 6	8/07/21			
Lum Sum: % 3 Va	L: Yes or No	Survey held at YSK -	1 1			
CA / REV / REP. / 24 HRS		Des. of Damages : Frt Rear / O/S / N/S / U/C / R	ooftop or			
receivated owner of the 18	Vehicle: IN / OUT	martion may set 254110. This said was nuego to	SEAS			
Date: Person Contacted:		The U/C / Chassis frame / Body Structure affect	ted due to collision.			
Date / Time Action / Instruction TP AL6	STREET,	COE Exping: 30/04/	29			
(17(6)		200 2001	21,			
Count Ser American		/				
m∨:						
PV:						
Nett;						
		•				
Date/Time, File Pass to? : Preli. Rep	port	Days Of Repair:				
: Final Rep	ort	Resurvey No. of Trip: Survey Fee:				
Date/Time, File Return to?		Transportation:				
2)	Add Fee	: : Site Insp (\$)3+RSS	31			
Ma 3 Ann Mo No Street 63		: Interview (\$) Photos				
Report Formst:		: Tech. Invs (3) Others				
Europ Sum / LEU: (\$)	:Weetend (%)				
		TOTAL				

SY0921770003 / YEW TEE AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 07/07/2021 17:04 (SGT) SUBMITTED BY: "OH TZE CHANG VERSION: 1 (07/07/2021 17:04 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly 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

07/07/2021 17:04 (SGT) 06/07/2021 20:35 (SGT) Singapore AMK AVE 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SBN9868G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No. No LEE YAW KIM SXXXX051E sltanjanettan@gmail.com (Phone) +65-96659968 (Home) +65-96659968

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 Accord

Private use

No - Claiming third party Private car Auto 2354

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

NTUC Income Insurance Co-operative Ltd Comprehensive No 5036737724-12

DRIVER

/EIP

Name of Driver NRIC No

LEE CHOON PHING (LI JUNPING) SXXXX186H

STATE OF THE PARTY.

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 Concitions Road Surface Collision - Head to Rear Clear Dry

03/04/1973

22 YEARS AND 6 MONTHS

(Phone) +65-96659968

sltanjanettan@gmail.com

1A LICHI AVE

348772

Parent No

No

No

2

Yes

No

Yes 2

No

Outdoor 08/01/1999

Male

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle 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 LEE YAW KIM Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

No No

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category SMZ1693C

-

-

-

Private car

M 1 -- Ident round 6V0021770003

Page 2 of 11

至主

かるとの経験場をはしている

N (D)	
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
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Concessed in stead

人名意英

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- Information provided must be at trushful and accurate as possible. Any widul misrepresentation or withholding of material facts may allow insurance comprises to regurdate 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.
- 5. 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.
- By the locignest of this report to the insurers, you hereby consect 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 [forin] 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 actident (all insurer(s) who have insured vehicle(s) involved in this actident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any refevent government agency/authority (such as the police), for the purpose(s) of:
 - precessing, handling ant/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the dains;
 - (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 deims (including the meiting of correspondence, statements, involves, 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' lawyers/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 lawyers/lavy firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or reanaging fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Oriver's Signature (if driver is not the policyholder) Case & Time: Reporting Centre Personnel's Signature

Name:

CANAGE SHOW THE PARTY OF

在後間で

ALIGNADA.

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TO GARAGE

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				(F) 27415	10956
SKETCH PLAN	/	T20731	- Wide		ATTERNATION TO A STATE OF THE S
		Market			
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT				
ON 6 JULY.	DOLL ARONNE	Je:35	DM I	WAS DR	nuing-
ALONG ANG	MO KID A	EIS	redday	IN Fe	NT THE
TRAFFIC LY	SOUT. SULDI	DENLY	BEHIN	D VEHI	LLE NO.

ON 6 JULY, 2021 AROUND 20:35 DM I WAS DRIVING
ALONG ANG MO KID AVE I STOPPEN IN FENT THE
TRAFFIC LIGHT. SUDDENLY BEHIND VEHICLE NO.
SMZ 1693C HIT TO MY BACK. I FLEL A BIT
LOW BACK PAIN ALSO MY FATUR CHE IS A
PRESENGER) FLEE NOT COMFORTABLE. WE WILL
WENT TO SEE DOCTOR.
WELDT TO SEE DOCTOR.
ACCURATION NAMED AND ACCURATIONS NAMED IN
- Hard September 1
The first section of the first
DECLARATION

I/We declare the foregoing particulars are true in every respect

Policyhold?Ps Signature Date & Time:

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

Reporting Centy

Name:

previous final fundamental

/SIP