Ass. FEG. Big. (VEF)

CS/AGI21007823/Atf3

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ASS	IGNMENT
Protection Protection	Veh No: SLR794J. Yr Regn: 2017 Aynt.
From: Date: 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: Mazda3 ac 1496
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at Workshop m/s	Sp.Reading 33653 T/Radio: Insured / Std / NI / NA
of	Cp. rodding // / / / /
Insured:	Eng/No: JM6BN22A8H0174300
Policy No.	Gen. Cond. Good Fair / Poor / Burnt
Claims No.	Steering (norder Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorder/ Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil (S/Rim) STD A/Rim or
Make of Veh:	
	Tyre Size: F: 205/60R/6-
(Policy Condition) Remark: The veh had commenced its N/S 0/S	R: 305/60R16
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
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Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action_/ Instruction	
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1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
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SK0M217J0001 / KANG CAR REPAIRERS PTE LTD ENTRY DATE & TIME: 19/07/2021 11:43 (SGT) SUBMITTED BY: ALICE TNG VERSION: 1 (19/07/2021 11:43 (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.
- 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

19/07/2021 11:43 (SGT) 17/07/2021 10:43 (SGT)

Singapore

TRAFFIC LIGHT - RIVERVALE LINK

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLR7794J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

Email Address

Mobile Phone No

Alternative Phone No.

PALLAVUR RANGANATHAN KRISHNA KUMAR

SXXXX190G

KALA.GANESH410@GMAIL.COM

(Phone) +65-96683364

+65-96683364

VEHICLE PARTICULARS

Manufacturer

Model

Mazda 3

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?

Transmission CC

Vehicle Category

Private use

No - Claiming third party

Private car

Auto

1500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5111259909-02

DRIVER

Name of Driver

NRIC No

PALLAVUR RANGANATHAN KRISHNA KUMAR SXXXX190G



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 Collision - Head to Rear

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 vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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

I WAS DRIVING MY CAR ALONG RIVERVALE LINK. MY FRONT VEHICLE STOPPED DUE TO THE RED TRAFFIC LIGHT. I ALSO FOLLOWED TO STOP MY VEHICLE. WHEN THE TRAFFIC LIGHT TURNED GREEN, BEFORE MY CAR MOVED THE CAR BEHIND ME (SML3551P) CAME AND COLLIDED ON TO MY CAR REAR PORTION CAUSING DAMAGE. NO PERSON WAS INJURED DUE TO THIS ACCIDENT. TRAFFIC JUNCTION AT BUANGKOK DRIVE/RIVERVALE LINK.

No

28/09/1968

03/12/2009

+65-96683364

545119

Yes

No

11 YEARS AND 7 MONTHS

3 RIVERVALE LINK #02-26

KALA.GANESH410@GMAIL.COM

(Phone) +65-96683364

Indoor

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Yes

Reasons for not uploading a video of the accident WILL FORWARD TO OWN INSURER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SML3551P
Vehicle Manufacturer Mitsubishi
Vehicle Model Outlander
Vehicle Variant -

Vehicle Colour

Vehicle Category Private car
Name of Driver WANG CHUNHUA

Accident report SK0M217J0001

Page 2 of 19

 NRIC No
 SXXXX422Z

 Contact Number
 (Phone) +65-97905173

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident

 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- I. Please report <u>correctly</u> 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 flability.
- 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.
- 5. The report will be forwarded by the insurers of the GWA Records Management Centre established by the General Insurance Association
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- 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.
- 3. 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 "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 making 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 sted 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 Centre Personnel

Sketch Plan

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13 - SML 3551 F

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Declaration

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

Policyholder's Signature | Date & Time

Oriver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel