	REF:					
ASS. REG. BY:						
	ASSI	GNMENT				
From:	Date:	Veh No: SmD96494. Yr Regn: 2018 / Spf				
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				
o Inspect Vehi		Make: Honder Shittle Hybrid a.c. 1486				
t Workshop m/		Colour Silves A/C: Insured / Std / NI / NA				
f		Sp.Reading 37996, T/Radio: Insured / Std / NI / NA				
		Eng/No:				
nsured:		C/No: 6P71216645 *				
Policy No.		Gen. Cond: Good / Fair / Poor / Burnt				
Claims No.	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or				
Sum Insured:		Brake: Morder / Jammed / Leaked / Burnt or				
(Client's Record) Make of Veh:		Modi: Nil /S/Rim / STD A/Rim or				
viane or veri.		Tyre Size: F: 185/60R15				
(B. II. O. III		R: (85/60R15				
(Policy Condit		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /				
Remark: The veh had commenced its N/S O/S repair at the time of inspection.		TOYO IYOKO or				
		Front Rear				
Bal. or Market	0 11 10 V Na	R/Bal. 9/2 mm R/Bal. 06 mm				
IDAC Accident	O wister 10 · Vers on No.	L/Bal. 06 mm L/Bal. 06 mm				
GIA / PR See	511.	D.O.A. D.O.I. 27/07/21				
Est. Repairs:	days Res.: Yes or No	Survey held at Green Forest!				
Lum Sum:	70	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or				
CA / REV	/ REP. / 24 HRS Vehicle: IN / OUT	Dos. of Barriages . The same				
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision				
Date / Time	Action / Instruction					
Ana period	TPALG.					
VIII.7: 101	PLANT II					
	m./					
	MV:					
	Nett:					
	710.1					
Date/Time, File Pa	ess to? : Preli. Report	Days Of Repair:				
1) : Final Report		Resurvey No. of Trip: Survey Fee:				
Date/Time, File F		Transportation:				
2)	Add Fe					
		: Interview (\$) Photos				

Tech. Inve (\$

Westend (\$

Report Formet : Lump 2 nm / LBJ: (3 Cilipers

SS1Y217R0001 / SME MOTOR PTE LTD ENTRY DATE & TIME 27/07/2021 09:45 (SGT) SUBMITTED BY: Chia Pel Ying VERSION 1 (27/07/2021 09:45 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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 rability.

4. The issue and acceptance of this Folim 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.

Date of Submission Date of Accident **Exact Location of Accident**

Additional Location Information Country/State of Loss

27/07/2021 09:45 (SGT) 26/07/2021 07:58 (SGT) 10 Buangkok View, Buangkok Green, Medical Park, Singapore ENTRANCE @ IMH (BUANGKOK VIEW)

Vehicle Regis ration Number

SMD9649U

Singapore

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

VO ANG BENG SOON EDWARD SXXXX509G edangbs@gmail.com (Phone) +65-90030011 +65-90030011

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

vour vehicle? Vehicle Category

Transmission CC

Private use

Honda

Shuttle

No - Claiming third party

Private car

Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver

NTUC Income Insurance Co-operative Ltd Comprehensive

No

5119732316

ANG BENG SOON EDWARD

NRIC No 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

SXXXX509G 27/12/1954 Outdoor 02/10/1997

23 YEARS AND 9 MONTHS

Male

(Phone) +65-90030011 +65-90030011 edangbs@gmail.com

3LK 361 HOUGANG AVE 5 #06-328

530361 Yes

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

Clear Dry

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 vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

2

VO

Yes 2

NO

PASSENGER 1

Name Gender CRISTY ANG

Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? No No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 26/07/2021 AT 0758HRS, I WAS SENDING MY DAUGHTER TO HER WORKPLACE AT IMH (BUANGKOK VIEW). AT THE SECURITY CHECKPOINT OF IMH, THE SECURITY PERSONNEL HAD SIGNALLED ME TO STOP FOR CHECK, JUST AS I STOPPED, I FELT A HUGE IMPACT FROM THE REAR. I REALISED A CAR (VEHICLE B) HAD HIT THE REAR OF MY CAR. NO ONE WAS INJURED.

ATTACHMENT(S)

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

Yes Vo

Vehicle Regis ration Number Vehicle Manufacturer

SLW7122Y

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

Contact Number Address

Address complement

Postcode

Insurance Company Name Nature Of Damage

Details of property damaged in accident

No. Of Passer ger (Including Driver)

Private car **MYRON QUEY YANG HUI** (Phone) +65-85818146

VEHICLE B

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to special up the claims process.
- 2. The Formmust on completed by the Policyholder and or the Authorised Driver
- 3. Into matter provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance don't enes to repudiate policy liability.
- 4. The issue and propertance of this Formity 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
- 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 unchiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the odgement 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 in validable aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Tunde stand, acknowledge, agree and consent that

- (a) My insurer, my workshot and me General insurance Association of Singapore ("GIA") may lare permitted to collect, use, disclose and or process my personal information and more at or 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 vehicles) involved in this accident (all insurers) who have insured vehicles) involved in this accident shall be collectively referred to as the "Insurers", the Insurers law vehicles from the Wonetery Authority of Singapore and any relevant government agency authority (such as the police for the purpose(s) of
- (1) processing, handing and/or deping 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.
- (ii) carrying out and or dealing with my instructor's or responding to any enquiries by me.
- (w) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which dould involve disclosure of personal cata about me to bring about delivery of the same as well as on the external cover of envelopes/mail padkages, and/or
- (v) complying with sociatable law in administering processing handling and/or dealing with my claims.
- (collectively the Purposes
- (b) all insurer(s) wind have insured vehicle is) 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) by Personal information may/can be declosed by any of the insurers and/or GIA to the "third party service providers or agents (noticing their law yers law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Anni	quit	elsange St.
Policy order's Signature / Date & Time	Driver's Sonature (fild iver is not the policyholder) / Date 8 Time	Witnessed by Reporting Centre Personnel
Sketch Plan		VEHICLE B - SEN FLOY
	S SECULITY PERSONNER	an line of the conso of time of a constant of the constant of
	SECRETA CHE	ECCTOINT (0 1911

scribe Circur	mstances of the	Accident			c 3240	INC I	ny "Pr	AUGHTEC
CN DL	mstances of the	(t) C 13	X HCS	1 1/64	.) =			
TU HER	MORKPLA	C= (c	int	(BUANC	KUIC VIE	W)	AT	Test
SE CUEITY	CATECK PC	-90 FM	In-1 -	TH1	SECULATA	PEL	CHNE	L
IND SICE	300 02 Jay	To 5	100 10	C (18	CK Ju	ST AS	16700	cro,
i FEL	A Hue	e info	ici in	int.	PIOK.	1 6	<u>CALI</u> SE	0
B CBA	(VEHICLE	(b) Har) HIT	THE	REAL OF	my	(14)	
CIENCLE	P) - N	O CAL	1002	Marce	0 IN -	THIS	NEGO	٠.
							8793	
	ESTRUM SETTING							
				1126412				

Declaration

IWe declare the foregoing partitions are true in every respect

Policy lidet Sgrame Date &

Drawn's Signature if drawn is not the policyholder (/Date

Witnessed by Reporting Centre Personnel