Report Format:

Lump Sum / LBJ: /\$

REF:	
ASS, PEG, BY:	
	ASSIGNMENT
From: Date:	Veh No: SmQ 5428 Z Yr Regn: 2011, Feb.
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: Topola Wish c.c 1778
at Workshop m/s	Colour Grey A/C: Insured / Std / NI / NA
of	Sp.Reading 14+370 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JTDGG20W305001673.
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: 195/65 R IS
(Policy Condition)	R: 195/65 R15
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or Ne xen.
Bal, or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 0 mm R/Bal. 0 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. Ob mm L/Bal. ob mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 02/08/21
Lum Sum: % 3 Val.: Yes or No	'Survey held at JD Moler Sport,
	Des. of Damages : Frt / Rear / Q/S / N/S / U/C / Rooftop or
	: IN/OUT Front MS.
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	COE Expiry: 13/02/31.
TP Alb.	COLFIT Y ST
	V
mv :	
PV:	
Nett:	
1842, 125	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2)	Add Fee: :Site Insp (\$)_s+RS_SI
	: Interview (\$) Photos
Francis Ecomotis	: Tech. Invs (3) Others

: Westend (\$

SS1Y217S0008 / SME MOTOR PTE LTD ENTRY DATE & TIME: 28/07/2021 15:07 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (28/07/2021 15:07 (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

28/07/2021 15:07 (SGT) 27/07/2021 15:50 (SGT) MacPherson Rd, Singapore TWDS PIE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ5428Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No Email Address Mobile Phone No Alternative Phone No No

LOW TYNG YEE SXXXX346E cnc_27@hotmail.com

(Phone) +65-98756999 +65-98756999

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

Wish

Toyota

Private use

No - Claiming third party

Private car Auto 1800

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number AXA Insurance Pte Ltd

Comprehensive

No

GA570944

Name of Driver NRIC No

SEAW BOON SWEE SXXXX359J



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 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?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

If yes, against whom?

23/07/1972 Outdoor

18/10/1996

24 YEARS AND 9 MONTHS

Male

(Phone) +65-90074322

cnc_27@hotmail.com

BLK 951 HOUGANG AVE 9 #15-510

530951

No

Spouse

No

Side Swipe

Clear Dry

2 Was anybody injured in the Accident? No

No

Yes

No

Was notice of intended Prosecution given?

No No

CIRCUMSTANCES OF ACCIDENT

I WAS WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN BEFORE MOVING OUT TO MACPHERSON ROAD TOWARDS PIE. WHEN THE LIGHT TURNED GREEN, I START TO MOVE UT FROM JALAN WANGI JUNCTION. AS I TURN RIGHT TOWARDS MACPHERSON ROAD, SUDDENLY VEHICLE B (SMP2455U) COME FROM MY LEFT AT A HIGH SPEED AND COLLIDED ONTO THE FRONT LEFT OF MY VEHICLE.

ATTACHMENT(S)

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

Yes Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver

Contact Number

SMP2455U

Private car

Accident report SS1Y217S0008

Page 2 of 17

Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

VEHICLE B

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the couns crote-s
- The same enut be completed by the Policyholder and/or the Authorised Driver
- informatical procures must be as truthful and accurate as possible. Any webset conscioned test of unwinform curlact, may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of discoverance, or mis-
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- By the Judgment of this report to the insurers, you hereby consent to the account of this seport of the contemporary of the co
- Consent under the Personal Data Protection Act (PDPA)

understand, acknowledge, agree and consent that

- Wy insures, my workshop and the General Insurance Association of Singapore (IGIA) may fare permitted to object, 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 discose undiffusiver such Personal Information to all insurer(s) who have insured sehicle(s) involved in this accident (all insurer s, who have insured versicle(s) involved in this accident shall be collectively referred to as the "Insurers", the injuriers lawsers, awtirms the Monetary Authority of Singapore and any relevant government agency/authority (such as the online) for the purpose
 - ii) processing handling and/or dealing visto my claims including the settlement of the claims and acsidensisting
 - in) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any endurines by me
 - (iv) upmunistering my claims fincluding the making of correspondence, statements invoices, separate or solices turns which could involve disclosure of certain personal data about me to bury acoust devery of the same as well also the external cover of envelopes/mail packages), and or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claim, scollect velocity
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers, lawyers have, may, etc. primition to collect, use, disclose and/or process my Personal information for one or more of the collections with the collections and the collections and the collections are considered as a collection and the collections are considered and the collections are considered as a collection and the collection are collections are considered as a collection and collections are collections are collections.
- my Personal Intermation may/can be disclosed by any of the insurers and/or GIA to their third participance or or denies agents find using their lawyers/law firms), which may be sitted outside of Singapore, for one of more of the above Partion.
- my Personal information will also be collected and used to comple claims nixtory for the purituse of traudigm. ovestigation and management in present and all future claims.
- 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 controls a unimariaging to regulators, law enforcement and government agencies as reasonably reduced for the duranter
 - for complying with requirements under any regulations, laws or court orders

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