ASSIGNMENT

From:	Date:	Veh No: SJV38837 Yr Regn: 2019, Ine
Estimated Cos	t	Type M.Cap/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS /	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Veh	nicle No:	Make: Toyota Previa c.c 2362
at Workshop m	n/s	Make: Toyota Previa - c.c 2362 Colour Grey, A/C: Insured/Std/NI/NA
of		Sp.Reading 48237. T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:
Policy No.		C/No: JTIGDS6M007171943
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: norder/ Jammed / Leaked / Burnt or
(Client's Record)		Brake: Incrder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil (S/Rim) STD A/Rim or
		Tyre Size: F: 225 So R 17-
(Policy Condition)		R: 225/50R1.
Remark: The veh had commenced its N/S O/S		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repai	ir 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
GIA / PR See	en: Consistent? : Yes or No	L/Bal mm L/Bal mm
Est. Repairs: days Res.: Yes or No		D.O.A. D.O.I. (8/08/21.
Lum Sum:	% 3 Val.: Yes or No	'Survey held at
CA / REV	/ REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:	Vehicle: IN / OUT Person Contacted:	The U.C. / Characia forms / Darly Churchurg effected due to collinion
Date / Time	Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time	TP EGP	
	LUMP SUM \$105	500.9DAYS
M √ : RED: 13866.25;56%		
	PV:	*
	Nett:	
	Processing 1	Dave Of Renair 9
Date/Time, File Pa	Commence	bays of Ropan.
1) : Final Report Date/Time, File Return to?		Resurvey No. of Trip: Survey Fee: Transportation:
Add Fee		-Aller - Aller
2)	product if here	: Interview (\$) Photos
Report Fon	百好车:	: Tech. Invs (3) Others
Lump Sun	According to the Confederal State of St	: Westend (\$

SS1Y218E0001 / SME MOTOR PTE LTD ENTRY DATE & TIME: 14/08/2021 10:42 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (14/08/2021 10:42 (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
- 2. This commission be completed by the concynique and/or the Admonsed 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 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. 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

14/08/2021 10:42 (SGT) 13/08/2021 17:10 (SGT) Yio Chu Kang Rd, Singapore SLIP RD TWDS SENGKANG WEST ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJV3883P

INSURED/POLICYHOLDER

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

Alternative Phone No

No HONG KIM WAN S7673881E

kokhue@singnet.com.sg (Phone) +65-90123883

+65-90123883

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was t eing used at time of

your vehicle?

Are you claiming under your own insurance policy for repair to

Vehicle Category Transmission

CC

Toyota Previa

Private use

No - Claiming third party

Private car Auto

2400

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive

No

5122196333

DRIVER

Name of Driver NRIC No

LAU KOK HUE S7670969F

Accident report SS1Y218E0001

Date Of Birth 07/07/1976 Occupation Indoor Date Of Driving Pass 30/09/1998 Driving experience 22 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-90123883 Alt. Phone Number **Email Address** kokhue@singnet.com.sq Address BLK 411B FERNVALE ROAD #17-66 Address complement Postcode 792411 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? No 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 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **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 ALONG AT THE SLIP ROAD OF YIO CHU KANG ROAD TOWARDS SENGKANG WEST ROAD AT EXTREME LEFT LANE OF 2 LANES. VEHICLES IN FORNT OF ME SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. SUDDENLY, I FELT AN IMPACT. VEHICLE B COLLIDED WITH THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES. ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF2450X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number

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

INJURED PERSONS DETAILS

No

INJURED 1

Name of injured person LAU KOK HUE Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SJV3883P Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

IMPORTANT NOTICE

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- 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 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. The report will be forwarded by the insurers of the GM 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (i) My insurer , my w orkshop 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
- (ii) 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 sited outside of Singapore, for one or more of the above Purposes.

UM

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Sketch Plan

Road Sena Kana West

A: SJV 3883P

B: GBE 2450X Slip Road of

Vio Chu Kang Pol

Towards Sengtang West

NEW HOOK TEER

	I was clining along at Slip Road of You Chu Fang Pood towards Seng Kang West Prace at extreme Left lane of Dlanes
	Vehicles in front of me Sowed down and Stopped, I follow suit
	Suddenly, I felt an impact.
	veh "B" collided with the rear portion of my vehicle and caused clamages
	146
MUNE UNIVERSITY OF THE STATE OF	
	Y REMINISTER CONTROL OF THE PROPERTY OF THE PR
.,	

Declaration

IWe declare the foregoing particulars are true in every respect.

ller

Policyholder's Signature / Date &

Driver's Signature (Morriver is not the policyholder) / Date 8 Time

Witnessed by Reporting Centre Personnel