# ASSIGNMENT

From: Date:	Veh No: SLEIIIIM. Yr Regn: 2020, NOV
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: Toyota Vellfie cc 2494
at Workshop m/s	Colour While A/C: Insured / Std / NI / NA
of	Sp.Reading 8325 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JTNGF3DH608023231
Claims No.	Gen. Cond. Good/ Fair / Poor / Burnt
Sum Insured: Excess:	Steering: (norder) Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil/ I S/Rim / STD A/Rim or
DATE PROFILE CANADAM	Tyre Size: F: 235/50R18-
(Policy Condition)	R: 235/50R18.
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
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. Nmm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 96 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. Q1 20/21
Lum Sum: % 3 Val.: Yes or No	Survey held at Premium Carz.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	· ·
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MIGRISIO .	
mv :	
PV:	
Nett:	The state of the s
ME STATE OF THE ST	
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 Fe	[amount of the control of the contro
The state of the s	: Interview (\$ ) Photos
Report Formal:	: Tech. Invs (3 ) others
Lunip Sum / LBJ: (3	:Weel end (\$

SS1Y21910006 / SME MOTOR PTE LTD ENTRY DATE & TIME: 01/09/2021 15:30 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (01/09/2021 15:30 (SGT))



# SINGAPORE ACCIDENT STATEMENT

IMPURIANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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

olicy 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 fi less 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 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

01/09/2021 15:30 (SGT) 31/08/2021 09:02 (SGT) Amber Rd, Singapore TWDS MOUNTBATTEN RD AT SLIP RD Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLE1111M

INSURED/POLICYHOLDER

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

No LIM KAI HUNG S8602516G limkaihung@gmail.com (Phone) +65-91525375 +65-91525375

VEHICLE PARTICUL IRS

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 CC

Private use

Tovota

Vellfire

No - Claiming third party Private car Auto 2494

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive

No 2070165216

DRIVER

Name of Driver NRIC No

TONG WEISHAN S8610810J

ms?

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address
Address complement
Postoode
Is the driver the policyholder?

Address complement
Postoode
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

27/03/1986 Indoor 13/01/2006 15 YEARS AND 7 MONTHS Female

(Phone) +65-92397796

tongweishan@gmail.com 50 AMBER ROAD #16-06

439888 No Spouse No

and the second s

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface Collision - Head to Rear Raining Wet

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?

PASSENGER 1

Gender
PASSENGER 2

Name Gender

Name

No 2 Yes No Yes 3

No

CHLOE LIM

KAYLA LIM Female

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

ON 31/08 2021 AT ABOUT 9.02AM, MY VEHICLE A (SLE1111M) WAS STATIONARY AT THE SLIP ROAD OF AMBER ROAD TO ALLOW TRAFFC! FROM MOUNTBATTEN ROAD TO CLEAR. OUT OF SUDDEN, VEHICLE B (SDX5115X) CAME FROM BEHIND AND HIT INTO THE REAR PORTION OF MY VEHICLE A.

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

SDX5115X Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver (Phone) +65-96855611 Contact Number Address Address comple nent Postcode Insurance Company Name Nature Of Damage VEHICLE B Details of property damaged in accident

### INJURED PERSONS DETAILS

TONG WEISHAN

Female

# Name of injured person

No. Of Passenger (Including Driver)

Gender
Phone No
Address
Address Complement

Post Code - Approximate Age Years Old - Injuries Sustained - -

Injuries Sustained
Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

No

#### INJURED 2

 Name of injured person
 CHLOE LIM

 Gender
 Female

 Phone No

 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?
No

### INJURED 3

KAYLA LIM Name of injured person Female Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained SLE1111M Injured pe son in which vehicle? Yes Were seat belts worn? Was this injured conveyed to hospital by ambulance? No

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Palase report correctly the details of the accident to speed up the claims process
- ? The Formmust be completed by the Policyholder and/or the Author/ised Driver
- 3 information provided must be as trottiful and accurate as possible. Any will dispreprise realize or withholding of national sets may allow insurance companies in repudiate policy liability.
- 4. The issue and acceptance of this Formby insurance concurries is not an admission of policy liability on the part of the resource companies.
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- 6. The report will be forwarded by the assurers of the GA 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 puries
- 7. By the loagement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to cupies of the report being made available aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)

(understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") maylare permitted to collect, use, disclose and/or process my personal datasparsonal information set out in this [form] and any other personal information before the 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 (af insurer(s)) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers tox persiline from the Monetary Authority of Singapore and any refer and government upencylauthority (such as the police), for the purpose(s) of

(i) processing, handing and/or dealing with my claims including the setflement of the claims and any necessary investigations relating to the claims;

(ii) in estigating the accident and/or my claims.

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by mu,

(iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could enrolled duckouse of certain personal data about me to bring about delivery of the same as wield as on the external cover of envelopes/civil packages); and/or

(v) complying with applicable law in administering, processing, hunding anchor dealing with my closes

(or fectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in the additional find the insurers' law yers/hw. fams, 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. from), which may be steed outside of Singapore, for one or more of the active Purposes.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policytholder) ("Dute 8 Time

Witnessea by Paparting Centro

Sketch Plan

Venizie a SLEHIM B SOXSIISX

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Diver's Signature (1 driver is not the policyholder) / Dute 8 Tenc

Witnessed by Reporting Centre

Personnel

I'We direfu e the foregoing particulars are true in every respect.