	REF:	and mistar						
ASS, PEC, BY:								
	2	ASSIGNMENT	ment nous 7					
From:	Date:	Veh No: SKZ 2125	T. Yr Regn: 2016 March					
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van /						
OD / TP / WS / TP RE	ES / OD RES / EVA / INV / MV	Truck / Trailer or						
To Inspect Vehicle No	0:	Make: Horda Ody	ssey, c.c 2356					
at Workshop m/s		Colour Grey.	Make: Horda Odyssey. c.c 2356 Colour Grey. /A/C: Insured/Std/NI/NA					
of		Sp.Reading 77/02	T/Radio: Insured / Std / NI / NA					
Insured:		Eng/No:						
Policy No.		C/No: JHMRC189	06 C202242					
Claims No.		Gen. Cond. Good / Fair / Poor / Bur	nt					
Sum Insured:	Excess:	Steering (norder) Jammed / Leake	d/Burnt or					
(Client's Record)		Brake: Inorder Jammed / Leake						
Make of Veh:								
		Tyre Size: F: 215/5						
(Policy Condition)		R: 315/5	skiy.					
Remark: The veh ha	d commenced its N/S (D/S BS / DUN / EXNOVA / GY / FS / LIZ	A MIC OHTSU / PIR / SUMI /					
repair at th	e time of inspection.	TOYO/YOKO or						
Bal. or Market Value:		Front	Rear					
IDAC Accident Rport	Consistent?: Yes or No	R/Bal. ob mm	R/Bal. 06 mm					
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. 46 mm						
Est. Repairs:	days Res.: Yes or No	D.O.A.						
Lum Sum:	% 3 Val.: Yes or No	ourroy note at	Mart.					
CA / REV / RE	P. / 24 HRS	Des. of Damages : Frt / Rear / O/	S (N/S) / U/C / Rooftop or					
Date:	Vehicle: IN /		ody Structure affected due to collision.					
Date / Time A	ction / Instruction							
	TYALA							
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m	V :		ICHANE (IA TOMA E)					
	√ :		në sedipaë (pa Suit Juliu)					
Ne	H;		The second of the second					
		36.316,341, 3234 23,32						
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:						
1)	; Final Report	Resurvey No. of Trip:	Survey Fee:					
Date/Time, File Return t			Transportation:					
2)	Ado	Fee: Site Insp (\$)S+RS,SI					

Interview (\$

Tech. Invs (\$

Westend (\$

Report Format:

Lunan Sum FER E (S.

Pholos

Others

SP0U219I0004 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 18/09/2021 13:34 (SGT) SUBMITTED BY: Lily Lim Buay Hiang VERSION: 1 (18/09/2021 13:34 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. 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

18/09/2021 13:34 (SGT) 17/09/2021 16:45 (SGT) Thomson Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKZ2125T

INSURED/POLICYHOLDER

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

No **GAN WEI JIE** S8114053G FRANK.GAN@LIVE.COM.SG (Phone) +65-97497698 +65-97497698

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 your vehicle?

Vehicle Category Transmission

CC

Odyssey

Honda

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 **ECICS Limited** Comprehensive

MPC21P00024600

DRIVER

Name of Driver NRIC No

GAN WEI JIE S8114053G



 Date Of Birth
 23/04/1981

 Occupation
 Indoor

 Date Of Driving Pass
 07/04/2000

 Driving experience
 21 YEARS AND 5 MONTHS

 Gender
 Male

 Male
 Male

 Mobile Number
 (Phone) +65-97497698

 Alt. Phone Number
 +65-97497698

 Email Address
 FRANK.GAN@LIVE.CO

Email Address FRANK.GAN@LIVE.COM.SG
Address 206 CLEMENTI AVENUE 6 #14-101
Address complement -

Postcode 120206
Is the driver the policyholder? Yes
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No

Insurance Company of Other Vehicle Owned by Driver

Vehicle Registration Number of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Change/cross lane
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?

No
Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

PASSENGER 1

Name TEO PEH KWAN DOREEN Gender Female

PASSENGER 2

Name PAX 2 Gender Male

PASSENGER 3

Name PAX 3
Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes Yes

WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKD205A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

 Name of injured person
 TEO PEH KWAN DOREEN

 Gender

 Phone No

 Address

 Address Complement

 Post Code

 Approximate Age Years Old

 Injuries Sustained

 Injured person in which vehicle?
 SKZ2125T

 Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Formby 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
- The 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.
- 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)

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 mailing 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.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Dat & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

homson R

A: 5KD 2125

B: SKD DOSA

is de	iving	alone	Th	Mozmo	Rol,	Suc	I den ly	veh	B		
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tion											
	into	into my	the accident	into my lone of the accident, my	into my lane it collida the accident, my wife	into my lone of collided of the accident, my wife of	into my lone of collided anto	into my lone of collided and my the accident, my wife of me telt	into my lone of collided and my veh the accident, my wife of me felt neck	into my lane of collided anto my veh LH the accident, my wife of me felt neck of	into my lone of collided and my veh LH portion the accident, my wife of me felt neck of back.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel