CS/CTI21010455/Auy3

ASSIGNMENT

From: Date:	Veh No: SJR 6525A. Yr Regn: 2009/ July
Estimated Cost:	Type: M.Carl 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: SJR 6525A	Make: Toyota Vios- c.c 1497
at Workshop m/s	Colour While A/C: Insured / Std / NI / NA
of	Sp.Reading 2 107 89 T/Radio: Insured / Std / NI / NA
Insured: SGC 531K	Eng/No:
Policy No. DMPCSNW00028022105	C/No: MROS3HY9305H9306
Claims No. SNM21D205756/C02	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: 175/65R15.
(Policy Condition)	R: 175/65R15.
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 Habilead.
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. Of mm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 96 mm
Est. Repairs: 4 days Res.: Yes or No	D.O.I. 12/10/21.
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at Heng Kee.
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	1026 22 21 21 0
TP China.	COE Expin: 31/05/27.
Confirmed L/S \$2700, 4 re	pair days
MV: (RED \$1350.40; 33	5%)
Nett;	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4
) 25/11 TYPIST : Final Report	Resurvey No. of Trip: 1 Survey Fee:
Date/Time, File Return to?	Transportation:
3 Add Fee	
	: Interview (\$) Photos
Report Format: TP	:Tech. Invs (3) Others
Lump 2 mm / 10 \$2700	: Westend (\$

SY0921AB0001 / YEW TEL AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 11/10/2021 12:41 (SGT) SUBMITTED BY: TOH TZE CHANG VERSION: 1 (11/10/2021 12:41 (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
- 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

11/10/2021 12:41 (SGT) 09/10/2021 10:05 (SGT) Singapore TOA PAYOH EAST Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJR6525A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

ONG ENG HUA

S1560658D

ONGENGHUA1962@GMAIL.COM

(Phone) +65-97236654 (Home) +65-97236654

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

Toyota Vios

Private use

No - Claiming third party

Private car

Auto

1497

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5122566531

DRIVER

Name of Driver NRIC No

ONG ENG HUA S1560658D

Accident report SY0921AB0001

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

Collision - Head to Rear

Clear Dry

No

No

Yes

1

No

2

14/02/1962

28/05/1983

38 YEARS AND 5 MONTHS

ONGENGHUA1962@GMAIL.COM

BLK 487B CCK AVE 6 #06-93

(Phone) +65-97236654

(Home) +65-97236654

Outdoor

Male

682487

Yes

No

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?

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

REFER TO ATTACHED

ATTACHMENT(S)

Are accident; hotos 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

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver

Contact Number Address

Address complement

SGC531K

-

-

Private car

-

-

Accident report SY0921AB0001

Page 2 of 16

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



SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withfolding 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 fiability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation
- The report will be forw arded 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 nade 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, 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 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 insurers) 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 cut 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")

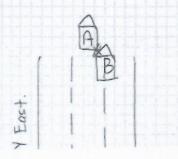
- (b) of insurer(s) who have insured vehicle(s) involved in this accident and the insurers lawyers/law firms, may/are permitted to collect, u.a., disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) my Personal Information may/loan be disclosed by any of the Insurers and/or GA 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 Purposee.

学

Policyholder's Signature / Date & Time Driver's Signature (Fidriver is not the policyhdider) / Date

Witnessed by Reporting Centre

Sketch Plan



Veh A = SJR 6825A Veh B = SGC 531K

PARTS

Stationary +	o waiting green	light, suddenly the who is
hit outo h	my whize (4) Re	light, suddenly the who which ear right portion.
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		Daniel A. Arriva A. S.
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