Accorded by	SSIGNMENT
<u>Ai</u>	
From: Date:	Veh No: SMJS/SYA Yr Regn: 2019, Marc
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: Horda Fit c.c 1496
at Workshop m/s	Colour Bhe A/C: Insured / Std / NI / NA
of	Sp.Reading 70677 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: 6751341816 +
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: 185/60 R15
(Policy Condition)	R: 185/60 R15
Remark; The veh had commenced its N/S 0/S	
repair at the time of inspection.	TOYO / YOKO or
Bal, or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06. mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm
Est. Repairs: days Res.; Yes or No	D.O.A. D.O.I. 13/6/21
Lum Sum: % 3 Val.: Yes or No	Survey held at Advance.
Lum Sum.	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / O	E + 11.
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time	
Ti 1st Cap	
	11-1-11-11
MV:	
PV:	•
Nett:	
pressured.	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add I	
e and are constituted an	: Interview (\$) Photos
Report Format:	: Tech, Invs (3) Others
Lunip Sum / LBJ: (3	:Weetend (\$ 1 -

SS1Y21AC000B / SME MOTOR PTE LTD ENTRY DATE & TIME: 12/10/2021 16:19 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (12/10/2021 16:19 (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

- 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

12/10/2021 16:19 (SGT) 12/10/2021 11:30 (SGT) Bukit Batok West Ave 2, Singapore CARPARK ENTRANCE TO BLK 426 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMJ5154A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No Alternative Phone No No

SOH PO WEI S9313178I

st.cspw@gmail.com (Phone) +65-81273695 +65-81273695

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

Private use

Honda

Fit

No - Claiming third party

Private car Auto 1500

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number NTUC Income Insurance Co-operative Ltd Comprehensive

5108055273-02

DRIVER

Name of Driver NRIC No

SOH PO WEI S9313178I

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, Relatior ship 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

26/03/1993 Indoor

11/08/2014 7 YEARS AND 2 MONTHS

(Phone) +65-81273695

+65-81273695 st.cspw@gmail.com

BLK 729 CLEMENTI WEST ST 2 #07-344

120729 Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

Clear Dry

No

No

Yes

1

No

2

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

ON 12/10/2021 AT ABOUT 1130HRS AT JUNCTION OF BUKIT BATOK WEST AVE 2 AND CARPARK ENTRANCE TO BLK 426. I WAS TRAVELLING ON THE EXTREME LEFT LANE ALONG BUKIT BATOK WEST AVE 2 AND BEFORE COMING TOWARDS THE ABOVE MENTIONED JUNCTION, I SAW VEHICLE B MAKING HIS REVESING. AS SUCH, I STOP MY VEHICLE A DISTANCE AWAY. WHILE WAITNG, VEHICLE B CONTINUE TO REVERSE TILL AT A CLOSE RANGE. I HORN TO HIS ATTENTION BUT WAS IN VAIN AND COLLIDED ONTO THE FRONT PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE.

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

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

GBD4004T

Commercial vehicle

Contact Number	
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

- 1. 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
- 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 flability.
- 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.
- 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 lodgment 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:

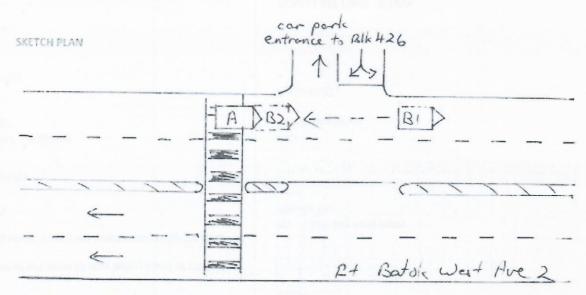
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations n, lating 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (d) m, Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so rollected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Date & Time

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident report to my workshop ACMANIC ALATO via email / fax Signature.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/10/2021 at about 1130 hrs at Junction of Bt Ratole

West Are 2 and Car Park Entrance to Blk 426. I was

travelling on the extreme Left Lane along Bt Batole West

Are 2 and before coming towards the above mentioned

junction, I saw Vehicle (B) making his reversing

as such I stop my vehicle a distance away. While

waiting, vehicle (B) continues to reverse till at a close

range, I horned to his attention but was in vain and collided

onto my front Portion of my vehicle (A) causing damages

to my vehicle.

(A) SMJ 5154 A

(B) GBD 4004 T

Note Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under

your own comprehensive policy. Please check your policy for more information

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name.