ASS, REC. BV:	REF:	CS/CTI21	1010782/A	kqy3	
		ASSI	GNMENT	1	
From:	Date:		Veh No:		Yr Regn: 2018, May.
Estimated Cost:					Lorry / Taxi / Prime Mover /
OD/TP/WS/TI	PRES / OD RES / EVA / INV / MV		Truck	/ Trailer or	100/
To Inspect Vehicle	e No:		Make:	Silver	preza. co 1895
at Workshop m/s			Colour		A/C: Insured / Std / NI / NA
of			Sp.Reading	45502	T/Radio: Insured / Std / NI / NA
Insured:			Eng/No:		
Policy No.			C/No:	JF1GK7KL	536009219
Claims No.	SNM21D205932C02		Gen. Cong. G	ood / Fair / Poor / Burr	nt
Sum Insured:	Excess:		Steering Ino	rder / Jammed / Leaked	I/Burnt or
(Client's Record	()		Brake: Ing	rder / Jammed / Leaked	I/Burnt or
Make of Veh:			Modi: Nil	S/Rim STD A/Rim	or
			Tyre Size:	F: 225/	45R17.
(Policy Conditio	n)			R: 205/	45 R17
	had commenced its	N/S O/S	BS / DUN / E	XNOVA / GY / FS / LIZA	/ MIC OHTSU / PIR / SUMI /
repair a	at the time of inspection.		TOYOIYO	KO or	
Bal. or Market Va	lue:		Front		Rear
IDAC Accident R	0 1 1 10 V	No	R/Bal.	06 mm	R/Bal. 06 mm
GIA / PR Seen:	0 11 10 11	r No	L/Bal.	06 mm	L/Bal. 06 mm
Est. Repairs:	days Res.: Yes o	r No	D.O.A.		D.O.I. 20/10/21.
Lum Sum:	% 3 Val.: Yes o	r No	'Survey held	at	in /u Sin. /
CA / REV /	REP. / 24 HRS	ehicle: IN / OUT	Des. of Dam	ages: Frt / Rear / O/S	S / N/S / U/C / Rooftop or
Date:	Person Contacted:		The U/C	/ Chassis frame / Bo	dy Structure affected due to collision.
Date / Time	Action / Instruction TP Chr.			,	
21/10/21@	2.36pm Informed So Ch	ow, we are	pending for	or estimate from	repairer.
	m∨ :	-			
	PV;				
	Nett:				1
					4500000
	processoring				
Date/Time, File Pass	: Preli. Report		Days Of Re		
1)	: Final Report		Resurvey N	lo. of Trip:	Survey Fee:
Date/Time, File Reb	urn to?	Add For		Inen (\$	Transportation:

: Interview (\$

Tech. Invs (\$

Westend (4

Report Formst: Lump 2 um / LBJ: (4 Photos

Others

SA1A21AI0005 / Auto Insure Pte Ltd [739145] ENTRY DATE & TIME: 18/10/2021 16:58 (SGT) SUBMITTED BY: ALYWIN YEO VERSION: 1 (18/10/2021 16:58 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### 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
  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 18/10/2021 16:58 (SGT) 17/10/2021 13:10 (SGT) Date of Accident **Exact Location of Accident** CTE, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Auto

1995

Vehicle Registration Number SLZ9167P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner QUEK CHEIN YEE PEARLY NRIC No SXXXX504I **Email Address** SNGCJPEA@GMAIL.COM Mobile Phone No (Phone) +65-93399704 Alternative Phone No +65-93399704

VEHICLE PARTICULARS

Manufacturer Subaru Model Impreza Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car

CC

INSURANCE COMPANY

Transmission

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number MT/00922904 Cover Note Number

DRIVER

SNG CHEN JIE Name of Driver SXXXX248F NRIC No

Accident report SA1A21AI0005

Date Of Birth 26/04/1986 Occupation Outdoor Date Of Driving Pass 20/09/2010 11 YEARS AND 1 MONTH Driving experience Gender Male Mobile Number (Phone) +65-97680770 Alt. Phone Number **Email Address** SNGCJPEA@GMAIL.COM Address BLK 679 HOUGANG AVE 8 #03-583 Address complement Postcode 530679 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 Chain Collision Raining Weather Conditions Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes PASSENGER 1 Name NIL Gender Female 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 REFER SKETCH. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident Your file exceeds 50MB Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SMC9138H Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver	Private car RACHET SIOR BOON KIAT
Contact Number	•
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJM6241U
	3310102410
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CONSTANCE GOW SOK HOON
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	SNG CHEN JIE
Gender	
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?	_

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CRIBE CIRCUMSTANCES	OF THE ACCIDENT			
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our the back	. JUN 1 Ld	The track our	that	3 Cars, mande
m, were in	steel in to	accident.		
ECLARATION  Ne declare the foregoing pa	irticulars are true in over	y respect.		M
ECLARATION We declare the foregoing pa	articulars are true in over	y respect.	Report	ing Centre Personnel's Signature

GIARMIC ScotchPlanForm, V-5

### SKETCH PLAN

### IMPORTANT NOTICE

- 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.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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
- 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.
- 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 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)
  - (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' 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) may 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 collected 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.

Policyholder's Signature Date & Time:

Driver N Sile not the policyholder) Dif delver in

Date & Time

Reporting Centre Personnel's Signature

NRIC/FIN No.