ASSIGNMENT

From: Date:	Veh No: SLZ 6012 Y. Yr Regn: 2018 / May,
Estimated Cost:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
QD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Honda Odyssey c.c 2356
at Workshop m/s	Make: Horda Odyssey c.c 2356 Colour Scacle A/C: Insured/Std/NI/NA
of	Sp.Reading 77366 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JAMRC1890JC202502
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: 215/55 R17.
(Policy Condition)	R: 215/55 RIT.
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. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal mm L/Bal mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 25 10 21.
Lum Sum: % 3 Val.: Yes or No	'Survey held at NHT.
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 18 (Action A 6)	
((() () () ()	The second secon
mv :	Control of the Section of the Sectio
PV:	The state of the s
Nett:	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Refurn to?	Transportation:
2) Add Fe	
	: Interview (\$) Photos
Report Format:	: Tech. Invs (8) Others
Lumip Sum / LBJ: (3	:Weetend (\$)

SS1Y21AJ0005 / SME MOTOR PTE LTD ENTRY DATE & TIME: 19/10/2021 13:44 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (19/10/2021 13:44 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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

19/10/2021 13:44 (SGT) 16/10/2021 14:30 (SGT) 39 Robinson Rd, Singapore 068911 **ROBINSON POINT** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLZ6012Y

INSURED/POLICYHOLDER

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

No HASLINA BINTI HASSAN S7132643H yusridaud299@gmail.com (Phone) +65-98254913 +65-98254913

VEHICLE PARTICULARS

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

vour vehicle? Vehicle Category Transmission

CC

Honda Odyssey

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 NTUC Income Insurance Co-operative Ltd Comprehensive

No

5122286181

DRIVER

Name of Driver NRIC No

YUSRI BIN DAUD S1743060B



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

02/05/1966 Indoor

21/12/2007

13 YEARS AND 10 MONTHS

Male

(Phone) +65-90112534

yusridaud299@gmail.com

BLK 256 COMPASSVALE ROAD #03-682

540256

No

Spouse

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Side Swipe Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? 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?

No

PASSENGER 1

Name Gender HASLINA BINTI HASSAN

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

MY VEHICLE PARKED STATIONARY WITH HAZARD LIGHTS ON AT 39 ROBINSON ROAD, ROBINSON POINT. MY WIFE AND ME WAS INSIDE THE VEHICLE WAITING FOR MY PASSENGER. SUDDENLY, I FELT AN IMPACT FROM THE LEFT SIED. VEHICLE B COLLIDED ONTO THE WHOLE LEFT SIDE OF MY VEHICLE AND CAUSED DAMAGES. AFTER THE COLLISION, VEHICLE B NEVER STOPPED AND DROVE AWAY. I CHASED HIM AND MANAGED TO STOP HIM AND HE ADMITTED HIS FAULT AND APOLOGISED TO ME. INITIALLY, VEHICLE B WISH TO COMPENSATE ME. HOWEVER, WE CANNOT COME INTO AGREEMENT WITH THE REPAIR COST. THEREFORE, WE DECIDE TO PROCEED WITH INSURANCE CLAIMS.

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

SNA3397P

Accident report SS1Y21AJ0005

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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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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- 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.
- 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.
- 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.
- 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.
- 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 (# Griver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLZ 6012 T

B: SNA 33 9 7 P

39 Robinson Road,

Robinson Road,

Robinson Road,

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		
My vehicle parked stationary with hazard	lights on at 39 Robinson Road, Robinson Point.	
My wife and me was inside the vehicle wa	aiting for my passenger.	
Suddenly, I felt an impact from the left side. Veh "b" collided into the whole left side of my vehicle and caused damage.		
After the collision, veh "b" never stopped him and he admitted his fault and apologi	and drove away, I chased him and managed to stop zed to me.	
Initially, veh "b" wish to compensate me h repair costs, therefore we decide to proce	nowever we cannot come into agreement with the eed with insurance claims	
	C Mar	
DECLARATION		

UWe declare the foregoing particulars are true in every resp

Reporting Centre Personnel's Signature Name: NRIC/FIN No.: