ASS, REC. BY	Y: REF: CS/INC	221010937/Atf3
	AS	SSIGNMENT
From:	Date:	Veh No: SDD 7873H- Yr Regn: 2019, Augu
Estimated Cos	st:	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 Vel	phicle No:	Make: Toyota Harries. c.c 1998
at Workshop n	m/s	Colour Silves A/C: Insured / Std / NI / NA
of		Sp.Reading /8 918 T/Radio: Insured / Std / NI / NA
nsured:		Eng/No:
Policy No.		C/No: JTEKB3GH10J004824
Claims No.		Gen. Cond: Good) Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Rec	cord)	Brake: morder / Jammed / Leaked / Burnt or
Make of Veh:		Modí: Nil / S/Rim / STD A/Rim or
		Tyre Size: F: 235/55 \$18.
(Policy Cond	dition)	R: 235/55 R18
Remark: The v	veh had commenced its N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repa	air at the time of inspection.	TOYO / YOKO or
Bal. or Market	t Value:	<u>Front</u> <u>Rear</u>
DAC Accident	t Rport: Consistent? : Yes or No	R/Bal. Oh mm R/Bal. oh mm
GIA / PR Se	een: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 96 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 26 10 21
Lum Sum:	% 3 Val.: Yes or No	Survey held at Auto Mega Mall.
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	,
	1111.0	
	mv :	
	PV: lump sum:	\$1600, 3days
	Nett: red: 4464.6	

P\/ :		
 LA .	lump sum \$1600, 3days	
Nett:	lump sum \$1600, 3days red: 4464.64;73%	
		-

Jale/Time, File Pass to:	: Prell. Report
)	: Final Report
Date/Time, File Return to?	

Days Of Repair: 3 Resurvey No. of Trip: Survey Fee: Add Fee: : Site Insp (\$

Transportation:	
S + RSSI	
Photos	
Officers	

Report Format: Lump Sum / LBJ: /3 : Interview (\$ Tech. Invs (\$: Westend (\$

SC1K21AP0001 / ComfortDelGro Engineering Pte Ltd [579701] ENTRY DATE & 7.ME: 25/10/2021 11:19 (SGT) SUBMITTED BY: Rohani VERSION: 1 (25/10/2021 11:19 (SGT))



SINGAPORE ACCIDENT STATEMENT

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

- 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.

1 4

- 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

25/10/2021 11:19 (SGT) 23/10/2021 13:45 (SGT) 16 Still Rd, Singapore 423958 TOWARDS EAST COAST ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SDD7873H

INSURED/POLICYHOLDER

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

No KWA CHYE HAR S1377600H chewst7873@gmail.com (Phone) +65-97800183 +65-97800183

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of accident

COTKST A DOON

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

Harrier

Toyota

Private use

No - Claiming third party Private car Auto 2000

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Sompo Insurance Singapore Pte. Ltd. Comprehensive No D21MTPV01011148

DRIVER

Name of Driver NRIC No

CHEW SIANG THAI

S2551154I

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

14/07/1958 Indoor

21/12/1985

35 YEARS AND 10 MONTHS

(Phone) +65-97800183

chewst7873@gmail.com

BLK 18 LORONG K TELOK KURAU #01-15

425781 No

Spouse

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Concitions Road Surface

Chain Collision

Clear Dry

OTHER INFORMATION

Was any foreign venicle 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?

PASSENGER 1

Name

No

3 No

Yes 2

No

Gender

CHEW XIU YAN

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

REFER TO STATEMENT AND SKETCH

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 Was there any audio recorded?

Yes

FILE TOO BIG . PROVIDE TO WORKSHOP

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

SKR5186P

Vehicle Category
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)

Private car

-

-

-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number
Vehicle Manu acturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
NRIC No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

SJA7614J Honda Stream

Private car LIM CHUAN SENG S0212716D (Phone) +65-92376838

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Page 3 of 18

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.
- 4. 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' lawyers/law tirms, 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 lawyrys/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Palicyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan

ribe Circumstances of the Accident	the property of the state of the second
, All	they -
+ vers doing and and	my to a stope My car was many off
Sulderly I fell a jerk	The Manual Control
Cox & hit my car's	
Man exiting the con- new-ended him + ++	car B informed me that Car C nal's why his car B reaccended to
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province of the depth (Sections	CEA HULLENCO THE P
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Line Cher Willell 1656	CONSIDER THE SECOND SAME LED

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholdy's Signature / Date &

Oriver's Signature (# driver is not the policyholder) / Date

& Time 2

10.20 san

Witnessed by Reporting Centre

Personnel

Time