ASSI	GNMENT	
	C122220 200 A	
rom: Date:	Veh No: Yr Regn: 2019 / VoV  Type: M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
stimated Cost:	Truck / Trailer or	
D/TP/WS/TP RES/OD RES/EVA/INV/MV		
o Inspect Vehicle No:	Make: Moyota Canry Hybrid.c.c 2487	
Workshop m/s	Colour A/C: Insured / Std / NI / NA	
f	Sp.Reading 40/29 T/Radio: Insured / Std / NI / NA	
sured:	Eng/No:	
olicy No.	C/No: JTNB23HK703044517	
laíms No.	Gen. Cond: Good / Fair / Poor / Burnt	
um Insured: Excess:	Steering (Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: (norder / Jammed / Leaked / Burnt or	
lake of Veh:	Modí: Nil (S/Rim ) STD A/Rim or	
	Tyre Size: F: 215/55R17	
(Policy Condition)	R: 015/35R17	
demark: 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	
al. or Market Value:	<u>Front</u> <u>Rear</u>	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. of mm	
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 26 mm	
st. Repairs: days Res.: Yes or No	D.O.A. D.O.I. D3/11/21	
um Sum: % 3 Val.: Yes or No	'Survey held at NH 7.	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
Vehicle: IN / OUT	Front OS.	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision	
Date / Time   Action / Instruction	,	
(P 13 (ap.		
	PIC X BERGISHALL	
mv :	EAR AREAS MA	
PV:	2/10 6/2000 10 5/2000	
Nett;	THE CHIEF THE CONTRACTOR	
Section 1979 and	20年 A 2017年 12人	
	Brother Asserted	
ate/Time, File Pass to? : Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip: Survey Fee:	
rate/Time, File Return to?	Transportation:	
Add Fee		
7-14-0 1 1-4	: Interview (\$ ) Photos	
AND THE PROPERTY OF THE PROPER		
eport Formet:	: Tech, Invs (3 ) Others	



SS1Y21B2000D / SME MOTOR PTE LTD ENTRY DATE & TIME: 02/11/2021 15:13 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (02/11/2021 15:13 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

## IMPORTANT NOTICE

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
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

02/11/2021 15:13 (SGT) 01/11/2021 10:35 (SGT) 105 Sims Ave, Singapore 387429 OPEN SPACE CARPARK Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJM9595D

## INSURED/POLICYHOLDER

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

Alternative Phone No

CHEW CHONG HONG S8204511B ch.chew.2282@gmail.com (Phone) +65-97932406 +65-97932406

# 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

Toyota Camry

Private use

No - Claiming third party Private car Auto 2487

# INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Auto & General Insurance (Singapore) Pte. Limited. Comprehensive

No

P10479216R00

## DRIVER

CC

Name of Driver NRIC No

CHEW CHONG HONG S8204511B



 Date Of Birth
 02/02/1982

 Occupation
 Outdoor

 Date Of Driving Pass
 30/03/2004

 Driving experience
 17 VEARS

Driving experience 17 YEARS AND 8 MONTHS

Gender

 Mobile Number
 (Phone) +65-97932406

 Alt. Phone Number
 +65-97932406

 Email Address
 ch.chew.2282@gmail.com

Address BLK 301 TAMPINES ST 32 #02-16

Address complement - 520301

Is the driver the policyholder?

Yes

If No, Relationship of the Driver with the Insured

-

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 Hit and run / Vandalism / Damaged whilst parked
Weather Conditions Clear
Road Surface Dry

# OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
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?

Yes
Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

# DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

# CIRCUMSTANCES OF ACCIDENT

MY VEHICLE WAS PARKED STATIONAORY AT PARKING LOT OSCP OF 105 SIMS AVE AND I WAS INSIDE MY VEHICLE ANSWERING CALL. SUDDENLY, I FELT AN IMPACT. VEHICLE B FROM MY RH SIDE EXIT FROM THE CARPARK LOT AND ACCIDENTALLY COLLIDED INTO THE FRONT RH PORTION OF MY VEHICLE AND CAUSED DAMAGES. AFTER THE ACCIDENT, I ALIGHTED AND DRIVER B ADMITTED HIS FAULT AND WE EXCHANGED PARTICULARS. INITIALLY, VEHICLE B WISH TO COMPENSATE ME. HOWEVER, WE CANNOT COME INTO AGREEMENT WITH THE REPAIR COSTS. THEREFORE, WE DECIDED TO PROCEED WITH INSURANCE CLAIMS.

# ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

GBJ3305A

COmmercial vehicle



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

## 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.
- 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 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)

l 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 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 &

18190

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Office Building

A:SJM 9595D B:GBJ 3305A OBCP of 105 Sims Ave

T T T T B A T T

NEW HOOF TROP

ESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	
My vehicle was parked s	tationary at parking lot- OSCP of	105 Sims Ave and I was inside
ehicle answering call.		
Suddenby I felt on immed	A Vala la france mu. DLI aida avit fra	om the engage let
	t. Veh b from my RH side exit fro	
nd accidentally collided	into the front RH portion of my ve	micie and caused damages.
fter the accident, I aligh	ited and driver "B" admitted his to	ault and we exchanged particulars.
		not come into agreement with the
epair costs, therefore we	decide to proceed with insurance	e claims.
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		11911
ECLARATION		
We declare the foregoing particulars :	are true in every respect.	
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linda In		
at a task of a law and	Oriver's Signature	Reporting Centre Personnel's Signature
olicyholder's Signature \	(If driver is not the policyholder)	Name:
late & Time:		