ASCITED BY. HEF: CS CTID	10(15) AV43	
ASSI	GNMENT	
From: Date: Estimated Cost:	Veh No: SBQ4001L Yr Regn: 2020 / July. Type M.Carl 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: Lexus RX300 c.c 1988	
at Workshop m/s		
of	Colour Grey. A/C: Insured / Std / NI / NA Sp.Reading 72 699 T/Radio: Insured / Std / NI / NA	
Insured:	Eng/No:	
Policy No.	C/No: JTJZAMCA902*082487	
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or	
Make of Veh:	Modí: Nil (SRim / STD A/Rim or	
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Date / Time Action / Instruction TR Ching Sk.	R: 235/65 C(8) R: 235/65 C(8) BS) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Front Rear R/Bal. 06 mm R/Bal. 06 mm L/Bal. 06 mm D.O.A. 25 0 71 D.O.I. 12/11 21, Survey held at Paya Ulor Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Reas 0/S The U/C / Chassis frame / Body Structure affected due to collision.	
Dale/Time File Pass in?		

Days Of Repair: Preli. Report : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: :Site Insp (\$ __8 + RS.__ 81

Faron Formet:

Emperatum/LES: (#

· Interview (\$

Tech, Invs (&

:Westerd (\$

Photos

Others

ST0X21AQ0002 / TC AUTOCLINIC PTE LTD[159097] ENTRY DATE & TIME: 26/10/2021 15:12 (SGT) SUBMITTED BY: Sayedinah Bin Ali VERSION: 1 (26/10/2021 15:12 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.

- 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 26/10/2021 15:12 (SGT) Date of Accident 25/10/2021 18:20 (SGT) **Exact Location of Accident** Dunearn Rd, Singapore Additional Location Information ALONG DUNEARN ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBQ4009L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN KIA MUI NRIC No SXXXX701E **Email Address** chuajoanne73@gmail.com Mobile Phone No (Phone) +65-97976118 Alternative Phone No +65-82823004

VEHICLE PARTICULARS

Manufacturer Lexus Model Rx300 Variant SUV Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category Private car

Transmission Auto CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No Policy Number 7210060880 Cover Note Number

DRIVER

Name of Driver YEO YI XUAN NRIC No SXXXX184H

Date Of Birth 18/08/1998 Occupation Indoor Date Of Driving Pass 04/04/2017 Driving experience 4 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-82823004 Alt. Phone Number Email Address chuajoanne73@gmail.com Address Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Collision - Head to Rear Weather Conditions Clear Road Surface 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 YEO CHENG HONG Gender Male 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 ATTACHED STATEMENT AND VIDEO ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number EZ31P Vehicle Manufacturer Bentley

Private car

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	LIM GUAN PHENG
Gontact Number	(Phone) +65-91919219
Address	- 3
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	ACCIDENT
Details of property damaged in accident	FRONT PORTION
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.
- 3. 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.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- of Singapore (GM) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 7. By the ladgement 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 time, 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;
- (ii) 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")

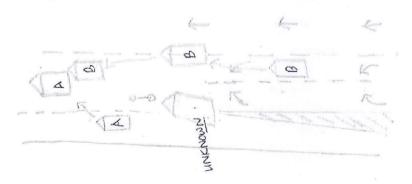
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers@w time, may/are permitted to collect. use, disclose and/or process my Personal information for one or more of the above Purposes, and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers haw firms), which may be sized outside of Singapore, for one or more of the above Purposes

older's Signature / Date &

ature (If driver is not the policyhol/fer) / Date Driver's S & Tyre

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident
At the said time and location.
T in touch is along Dunesco Road
I was travelling along Dunearn Road.
T Cu . I I let less the signal has these
2 titlered to my right tene with my signation open
Successfully into my lone, vehicle & come from a menging
I filtered to my right lone with my signal on. Upon Successfully into my lone, vehicle B come from a merging lone behind me at a fost speed (about 100 km/hr) on a (70 km/hr) road and hit onto the rear right partion of my vehicle.
(70 km /hr) road and hit onto the rear right partion
of my vehicle.
Vehicle B was swerring towards the right side of
the merging lone to avoid on uhknown vehicle whom
was 50% into the lane already before getting back into
the lane again behind me but eventually. hit
anto the rear partion of my vehicle. My lane
was slow moving due to a vehicle shead of me
Vehicle B was swerving towards the right side of the merging lane to avoid an unknown vehicle whom was 50% into the lane already before getting back into the lane again behind me but eventually. hit anto the rear portion of my vehicle. My lane was slow moving one to a vehicle shead of me moving slowly to allow another we hicle making a left turn into the petrol kicsk.
left turn into the petrol kiesk.
I want to stress that I am in my own lane when the accident happen.
when the accident happen.

Declaration

We declare the foregoing particulars are true in every respect.

Policylin der's Signature / Date &

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

Witnessed by Reporting Centre Personnel