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	ASSIGNMENT
From: Date:	Veh No: SLR904SA Yr Regn: 2017, August
Estimated Cost:	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 Vehicle No:	Make: Opl Astra. c.c 999
at Workshop m/s	Colour Bue A/C: Insured / Std / NI / NA
of	Sp.Reading 124340 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: WOLBESEA 748052201
Claims No.	Gen. Cont: 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: 225/45 R17
(Policy Condition)	R: 025/45R17
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. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 03/01/22
Lum Sum: % 3 Val.: Yes or No	Survey held at Xin Hua.
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: I	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
mv :	
PV:	
Nett:	
Dale/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Α.Θ.	rd Fee:: Site Insp (\$)s+Rs,si
	: Interview (\$ ) Photos
Feport Formet:	: Tech, Inva (3 ) other
Lump Com / LPJ: /3	. Weel end 18

SA1E21CK0007 / Abwin Service Pte Ltd ENTRY DATE & TIME: 20/12/2021 18:02 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (20/12/2021 18:02 (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 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 20/12/2021 18:02 (SGT) Date of Accident 19/12/2021 13:31 (SGT) **Exact Location of Accident** 6 Hougang St. 32, Singapore 530006 Additional Location Information BLK 6 HOUGANG ST 32 CARPARK LOT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLR9045A

#### INSURED/POLICYHOLDER

Is company? No IVAN HO KOK PIN Name Of Registered Owner NRIC No S7211004H **Email Address** a6679b@gmail.com Mobile Phone No (Phone) +65-98423323 Alternative Phone No (Home) +65-98423323

#### VEHICLE PARTICULARS

Manufacturer Opel Model Astra 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

CC

Private use

No - Claiming third party

NTUC Income Insurance Co-operative Ltd

Private car Auto 999

## INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Comprehensive No 5093990781-04

## DRIVER

Policy Number Cover Note Number

Name of Driver NRIC No

IVAN HO KOK PIN S7211004H



11/04/1972 Date Of Birth Occupation Indoor 15/07/1992 Date Of Driving Pass 29 YEARS AND 5 MONTHS Driving experience Gender Male (Phone) +65-98423323 Mobile Number Alt. Phone Number (Home) +65-98423323 **Email Address** a6679b@gmail.com Address blk 126 pasir ris street 11 Address complement #02-373 510126 Postcode 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 Collision - Head on collision 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) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

## **DETAILS OF POLICE ACTION**

No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom?

## CIRCUMSTANCES OF ACCIDENT

## REFER TO SKETCH PLAN ATTACHED

## 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, WITH OWNER

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLW8848E Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car 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)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 GN Records Management Centre established by the General insurance Association
  of Singapore (GN) 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 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

Car Park 6, Hargurg St32

- (iv) administering my claims (including the maling 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/mall 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policy indiden's Signature / Date &

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

Sketch Plan

vehicle A = SLR9045A

Witnessed by Reporting Centre

Vehicle B = SLW 8848E

Describe Circu							
	() a	the st	ated d	ate & t	ime, I ve	Phile A St	R 9045/
was drivi	ng alo	ng Hang	19 St	32, Bloc	k 6 (ar	part. W	hile 1
teressing	to a	(a) por	lot	Sind dealing.	vehicle B	Stw 8845	3E
Come out	from	another	Car p	ork lot	2 collide	d to my	ve hicle
eclaration							
Ve declare the fore	agoing particul	ars are true in evi	ry respect			1	

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