ASSIGNMENT

From: Date:	Veh No: SNB1965H. Yr Regn: 2021 / Sept
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: Hyundari Avente c.c 1598
at Workshop m/s	Colour Red . A/C: Insured / Std / NI / NA
of	Sp.Reading 35/45 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: KMHLN41ETNU184940.
Claims No.	Gen. Cond. Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: horder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
760.8012 00 A12	Tyre Size: F: 225/45 R17.
(Policy Condition)	R: 225/45R17.
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 Combo
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 76 mm R/Bal. 76 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal.
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 11/01/2 2 .
Lum Sum: % 3 Val.: Yes or No	Survey held at Kany . / /
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	THE DAY THE THE WHITE WAS TO SEE
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The state of the s
TP Chine	A PART STREET STREET STREET STREET
	- See CED 1 See Read Pulmon CED 1
mv:	My Tanistak shić tagmus rayk 5 2
PV:	20 2 Rear Sumper Seas Retrieve - 1 20 20 20 20 20 20 20 20 20 20 20 20 20
Nett:	A Rest Bumper Lower
S 10 83	TANK TEMPO TEMPO TERM I SE
- RT PR	2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
December 1	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	: : Site Insp (\$)s+Rssi
	: Interview (\$) Photos
Report Formal:	: Tech, Invs (3) Others
Lump Sum / LPJ: (\$:Westend (\$)

SK0M221A0003 / KANG CAR REPAIRERS PTE LTD ENTRY DATE & TIME: 10/01/2022 15:13 (SGT) SUBMITTED BY: SHARON YEE VERSION: 1 (10/01/2022 15:13 (SGT))



SINGAPORE ACCIDENT STATEMENT

- 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
- 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

10/01/2022 15:13 (SGT) 09/01/2022 13:50 (SGT) Singapore LEONIE HILL RD TWDS RIVER VALLEY RD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNB1965H

INSURED/POLICYHOLDER

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

No TOH HOW KIAM SIMON SXXXX954C SIMONTOH88@GMAIL.COM (Phone) +65-90038765 +65-90038765

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

CC

Hyundai Avante

Private hire

No - Claiming third party Private hire

Auto 1600

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number NTUC Income Insurance Co-operative Ltd Comprehensive No

5123491426 DRIVO CLASSIC

DRIVER

Name of Driver NRIC No

TOH HOW KIAM SIMON SXXXX954C



Date Of Birth 21/07/1965 Occupation Outdoor Date Of Driving Pass 11/01/1983 Driving experience 39 YEARS Gender Male Mobile Number (Phone) +65-90038765 Alt. Phone Number +65-90038765 **Email Address** SIMONTOH88@GMAIL.COM Address BLK 194 RIVERVALE DR #02-755 Address complement Postcode 540194 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 - Major/Minor Rd
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

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

CIRCUMSTANCES OF ACCIDENT

I WAS STATIONARY AT THE LEONIE HILL RD TO GIVE WAY TO THE MAIN ROAD TRAFFIC TO CLEAR. WHEN THTE TRAFFIC WAS CLEAR, I PROCEED TO TURN LEFT TOWARDS RIVER VALLEY RD. VEHICLE B (GBJ4797G) SUDDENLY REVERSED FROM THE RIVER VALLEY RD TOWARDS MY VEHICLE. I SOUNDED MY HORN TO ALERT THE DRIVER AND HIS PASSENGERS BEHIND. VEHICLE B STILL CONTINUED TO REVERSE AND HIT ONTO THE FRONT PORTION OF MY VEHICLE CAUSING DAMAGE. NOBODY WAS INJUREDAT THE TIME OF ACCIDENT. I HAVE A IN CAR CAMERA WHICH CAPTURED THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	TO EMAIL TO NTUC INCOME
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

THE RESERVE OF THE PERSON OF T	
Vehicle Registration Number	GBJ4797G
Vehicle Manufacturer	-
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)

Commercial vehicle MUHAMMAD HAIDHAR BIN ZULKIFLI SXXXX578H (Phone) +65-91194940 BLK 39 CHAI CHEE AVE #08-231

461039

VEHICLE B

-

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)

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

(ii) 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.

Sunnigh

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time / 0 - 0 d - 2 0 2 2

Sketch Plan & 1110 ths

liver Valley Rd

& Time 10-00-51

18 1-7 1 8 H(reversed)

lean o Hules

A: SNB 1965H B: GBJ 47976

L	was	stationary	at-	th
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I was stationary at the leanie Hill Rd to give way to the
Main road traffic to clear. When the traffic was clear, I proceed to
turn 12ft towards fiver Valley Rd. Voludo B (48547976) suddenly
reversed from the River Valley Rd towards my vehicle. I sounded my
hom to alert the driver is his passengers behind. Vehicle 8 9511
continued to reverse and hit onto the front portion of my vehicle
causing damage. Nobody was injured at the time of accident.
I have a incar camera which captured the accident scenario.

Declaration

IWe declare the foregoing particulars are true in every respect.

simond smooth

Policyholder's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date & Time / 0 - 0 3 - 3 3 & Time / 0 - 0 3 - 3 3 & 1110 #K\$

Witnessed by Reporting Centre Personnel