ASS. REC. BY: STOVE

2)

# REF: CS3/GRB12000G19/RIVF3

ASS	GNMENT
From: Date:	Veh No: SLN 4090 Y Yr Regn: 3/5/17
Estimated Cost:	Type M.Car M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Toyota APTIS cc 1598
at Workshop m/s	Colour Silver A/C: Insured / Std / NI / NA
of	Sp.Reading // 2096 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: MR 053 REH 104551906
Claims No.	Gen. Cond: Good / Fair/ Poor / Burnt
Sum Insured: Excess:	Steering: Ingreer Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingrder Jammed / Leaked / Burnt or
Make of Veh:	Modl: NII / S/Rim) / STD A/Rim or
	Tyre Size: F: 2/5/452R17
(Policy Condition)	R: ( )
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZAL MIC OHTSU / PIR / SUMI /
repair at the time of Inspection.	TOYO / YOKO or
Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	D/Dal 5
GIA / PR Seen; Consistent? : Yes or No	I mal
Est. Repairs; days Res.: Yes or No	D.O.A. 17/1/17 mm UBal. 5 mm
Lum Sum: % 3 Val.: Yes or No	Survey held at Eng Hup
	outroy hold at
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	0 k 2 k
MV-63K Report ra	oge 1/ - >/
3	April dys
	V
le/Time, File Pass to? Prell. Report D	ays Of Repair:
; Final Report R	esurvey No. of Trip: Survey Fee:
te/Time, File Return to?	Transportation:
Add Fee:	: Site Insp (\$)s+Rs,si
	: Interview (\$ ) Photos
nort Format	: Tech. Invs (\$ ) Others



## 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

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

4. The issue and acceptance of this norm by insurance companies is not an aurinsal on or pointy naturally on the part of the insurance companies.

S. Any false reporting may be referred to the Police for investigation.

6. This report will be forwarded by the insurers of the GIA Records Menagement 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

13/01/2022 11:23 (SGT) 12/01/2022 11:55 (SGT) Stamford Rd, Singapore STAMFORD ROAD Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

**SLN4090Y** 

INSURED POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address

Mobile Phone No. Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No

No

ONG CHONG KHEE SXXXX547J frankong1959@gmail.com

(Phone) +65-98178208 +65-98178208

Toyota Corolla **ALTIS** 

Private hire

No - Claiming third party Private hire Auto 1600

NTUC Income Insurance Co-operative Ltd Comprehensive No 5122876372

ONG CHONG KHEE SXXXX547J

Accident report SC0Q221D0001

Page 1 of 16

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle 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

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 12 JAN 2022 @ 11.55AM, I WAS DRIVING AT STAMFORD ROAD 3RD LANE, SUDDENLY A CAR FROM THE LEFT LANE CUT INTO MY LANE ABRUPTLY AND HIT ONTO MY FRONT LEFT SIDE OF MY BUMPER.

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

Yes

**OVERWRITE** 

18/11/1959

24/04/1982

+65-98178208

#02-57

680345

Yes

No

Clear

Dry

No

2

No

Yes

2

No

Female

No

No

39 YEARS AND 9 MONTHS

(Phone) +65-98178208

frankong1959@gmail.com

Collision - Change/cross lane

BLK. 345 CHOA CHU KANG LOOP

Outdoor

No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

**SLU2895T** 

Mazda

3

Accident report SC0Q221D0001

Page 2 of 16

Vehicle Colour
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 hire

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Heave report correctly the details of the adopted to speed up the claims process.
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- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- of Singspore (GA) for sinchlying 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
- 8 Consent under the Personal Data Protection Act (PDPA)

understand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") maylare 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 insureris; 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 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
- (a) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (w) administering my claims (including the making 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the 'Purposes')
- (c) all insurer(s) who have insured vehicle(s) involved in this accident and the hourers' 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.

现友或汽车服务以入有现金司 CYS Automobile Services Pte Ltd 38 Woodlands Industrial Park Fast 1

#87-17 Add talk to be the fast 1 Singapore 757 755 Tel: 6219 8026 (3lines) Fax: 6719 2035 Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Cantre & Time Sketch Plan

A - BLNGSTOY P - SLU 01957

Time

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Note:Please note that	your insurer may t	have 14days Time Frame for you to	submit an Own Damage claim
under your own o	comprehensive pol	icy, please check with your policy fo	r more information.
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111	makes and management and	(if driver is not the policyholder) / Date	Witnessed by Reporting Centre