

REF:

ASSIGNMENT

Veh No: SMN4841K Yr Regn: 2017 / August.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Camry. C.C. 2487

Colour Brown A/C: Insured / Std / NI / NA

Sp. Reading 238683 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: A×VH 101038450*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

R: 245/35R19

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 28/01/22

Survey held at JL Perfect.

Vehicle: IN / OUT

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

Rees N/S

The U/C / Chassis frame / Body Structure affected due to collision.

| Date / Time | Action / Instruction |
|-------------|----------------------|
| | TP China. |
| | |
| | |
| | MV : |
| | PV : |
| | Nett: |
| | |
| | |
| | |

☐: Preli. Report

☐: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$) \$ + PS. \$

☐ Interview (\$

Techn. Invs. Co.

Survey Fee:

Transportation:

Photos

M. J. Daniels

SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---|--|--------------------------|--|----------------------|
| Accident Date: 27/1/2022 | | Time: 14:55h | | (hh:mm) 24 hr format |
| Location Jalan Buroh Sandabart twds westcoast Highway | | | | |
| Vehicle Number SMN4841K | | | | |
| Insured Name Jia Yi Car Leasing Pte Ltd | | | | |
| NRIC / FIN 2017365286 | | Contact Number 6898 8220 | | |
| Make Toyota | | Model Camry Hybrid | | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | | | |
| () Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting | | | | |
| Insurance Company AXA | | | | |
| Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only | | | | |
| Policy Number VPX/P2320784 | | | | |
| Name of Driver Jerry Koh Boon Ping | | | | () Same as Insured |
| NRIC / FIN S73380432 | | Contact Number 9188 9260 | | |
| Date of Birth 25/10/1973 | | | | |
| Driving Pass Date 27 Jan 2010 | | | | |
| Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor | | | | |
| Gender (<input checked="" type="checkbox"/>) Male () Female | | | | |
| Email Address abc8627e@gmail.com | | | | () NO EMAIL |
| Address of Driver 1 Fernvale Close #03-03 (s) 797485 | | | | |
| Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If No, Relationship of the Driver with the Insured Rental | | | | |
| () Owner () Spouse () Friend () Relative () Children () Sibling | | | | |
| Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | | | |
| Insurance Company of Driver's Own Vehicle | | | | |
| Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others | | | | |
| Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others | | | | |
| Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| If yes, injured detail | | | | |
| Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No | | | | |
| Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report | | | | |
| DETAILS OF 3 rd party Name NRIC Contact | | | | |
| Veh B XD9887T | | | | |
| Veh C | | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |

* Driver Only

SKETCH PLAN

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 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 (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.

8. Consent under the Personal Data Protection Act (PDPA)

I 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.

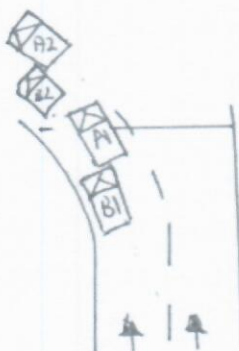


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A: SMW 4841K
Veh B: XD 9887T

Describe Circumstances of the Accident

Handwritten notes in the 'Describe Circumstances of the Accident' section:

Went to work

10

20/10/10

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A
(SMN4841K) WAS TRAVELLING ON LANE 2 OF JALAN
BUROH INTO THE ROUNDABOUT GOING TOWARDS
WEST COAST HIGHWAY. SUDDENLY, I FELT A HUGE
IMPACT FROM THE REAR PORTION MY VEHICLE AND
MY VEHICLE WAS PUSHED FORWARD. AFTER I
ALIGHTED I THEN REALISE THAT IS VEHICLE B
(SMN4841K) THAT HAD COLLIDED ONTO MY VEHICLE.
I WISH TO STATE THAT MY DAMAGE PORTION IS AT
THE REAR AND REAR LEFT PORTION.

VEHICLE A : SMN4841K

VEHICLE B : XD9887T

