Eng/No:  Claims No.  Surn insured:  (Client's Record)  Eng/No:  C/No:  Gen. Cond: Good/ Fair / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or	S. REC. BY: Tayph REF: CS/CT/	
Type: ACGIN M. Dycle / Bus / Van / Lorry / Taxil Prime Mover / Insured Cost:  D / (FP) WS / TP RES / OD RES / EVA / INV / MW  of respect Vehicle No:  Colour Acc: Insured / Stid I NI / NA  Surplus No.  Surplus Fee:  Transpurden.  Surplus No.  Surplus No	5 Barri	Veh No: SME3700M. Yr Regn: 248 Sep
Truck   The   Th		Type: M.Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
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EngNo: Color Search Insured: Excess: Cleint's Record) Make of Veh:  (Folicy Condition) Remark: The veh had commenced its repair at the time of inspection.  Bat or Market Value: IDAC Academt Rport: Consistent?: Yes or No Est. Repairs: Gays Res:: CA J REV J REP. J 24 RRS  Date:  Person Contacted:  Person No.	i Workshop m/s	T/Padio: Insured / Std / NI / NA
Color No.  Claims No.  Surn Insured:  Excess:  Colorit's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bat or Market Value:  IDAC Accident Rport  Consistent?: Yes or No  GLA / PR Seen:  Consistent?: Yes or No  CLUM Surn  Action / Instruction  Date / Time  Action / Instruction  Condition  Consistent?: Yes or No  Consistent		
Claims No. Claims No. Claims No. Surn Insured: Excess:    Excess:	nsu ied:	TUL 601107CN 0 503996
Sterring: Inorge?   Jammed   Leaked   Burnt or	Policy No.	STATE OF THE PROPERTY OF THE P
Contis Record   Consistent		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Type Size:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball 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  Date / Time   Action / Instruction  Add Fee:  Size Insp (\$ ) \$ + RS SI	· ·	40
Remark: The veh had commenced its repair at the time of inspection.   Remark: The veh had commenced its repair at the time of inspection.   Ball or Market Value:   IDAC Acaddent Rport	Make of Veh:	
Remark: The veh had commenced its repair at the time of inspection.   N/S O/S   BS/DUN / ENOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI / TOYO / YORO or		
TOYO / YORO Or  Fall or Market Value:  Ball or Market Value:  Broad or Market Value:  Ball or Market Value:  Broad o		7
Eat or Market Value:   Consistent?: Yes or No   Real   Right   Consistent?: Yes or No   Consistent.: Yes or No   Consis	Remark: The Ven had commenced its	
Date / Time   Action / Instruction   Date / Time   Action / Instruction	97816	Peer
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  Date: Person Contacted: Vehicle: IN / OUT Date / Time   Action / Instruction  Date / Time   Action / Instruction  Diale/Time, File Pass to? : Final Report   Protection    Date/Time, File Return to?   Add Fee: Street Insp. (\$ ) S+RS_SI    Interview (\$ ) Protection    Rep. Former: Lump Sum / I.B.I: ("; )   Protection    Consistent? : Yes or No D.O.A.   D.O.I.   IC/2/22 D.O.A.   D.O.A.   D.O.A.   D.O.I.   IC/2/22 D.O.A.   D.O.A.	Bat. of Market Value.	A DIRect O mm
Est Repairs: days Res.: Yes or No  Lum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Dete: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction  Dete/Time, File Pass to?   : Final Report   : Final Report   : Streen to?   : Instruction   : Tech. Invs (% )   : Tech. Invs (% )   : Tech. Invs (% )   : Western to?   : Western to?   : Western to?   : Western to. (% )	Consistent 2: Voc or No	L/Bal. 6 mm L/Bal. 6 mm
Lum Sum:  % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted:  Person	Box Voc or No.	D.O.A. D.O.I. 16/2/12
Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction    The U/C / Chassis frame / Body Structure affected due to collision    The U/C / Chassis frame / Body Structure affected due to collision    The U/C / Chassis frame / Body Structure affected due to collision    The U/C / Chassis frame / Body Structure affected due to collision    The U/C / Chassis frame / Body Structure affected due to collision    The U/C / Chassis frame / Body Structure affected due to collision    The U/C / Chassis frame / Body Structure affected due to collis	ESt. Repairs.	Survey held at Paysewshar whi
Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction  Date / Time   Action /	Lum Suni.	
Date / Time   Action / Instruction    Days Of Repair:  Resurvey   No. of Trip:   Survey Fee:    Transportation:    Date / Time, File Return to?    Add Fee:   Site Insp (\$   \$   \$   \$   \$   \$   \$   \$   \$   \$		N/OUT 6/5 Fr F
Dale/Time, File Pass to?    Preli. Report   Days Of Repair:   Survey Fee:   Transportation:	Day Contacted ( ) and el	The U/C / Chassis frame / Body Structure affected due to collision
Survey Fee:   Transportation:   Survey Fee:   Transportation:   Survey Fee:   Transportation:   Site Insp (\$ )S+RSSI   Site Insp	Date / Time   Action / Instruction	
Survey Fee:   Transportation:   Survey Fee:   Transportation:   Survey Fee:   Transportation:   Size Insp (\$ )S+RSSI   Size Insp (\$ )S+RS		
Survey Fee:   Transportation:   Survey Fee:   Transportation:   Survey Fee:   Transportation:   Size Insp (\$ )S+RSSI   Size Insp (\$ )S+RS		
1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation:  2) Add Fee: : Site Insp (\$ )s+Rssi : Interview (\$ ) Photos : Tech. Invs (\$ ) Others  Lump Sum / I.B.I: (5 )		
Survey Fee:   Transportation:   Survey Fee:   Transportation:   Survey Fee:   Transportation:   Size Insp (\$ )S+RSSI   Size Insp (\$ )S+RS		
Survey Fee:   Transportation:   Survey Fee:   Transportation:   Survey Fee:   Transportation:   Size Insp (\$ )S+RSSI   Size Insp (\$ )S+RS		
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1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation:  2) Add Fee: : Site Insp (\$ )s+Rssi : Interview (\$ ) Photos : Tech. Invs (\$ ) Others  Lump Sum / I.B.I: (5 )		
1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation:  2) Add Fee: : Site Insp (\$ )s+Rssi : Interview (\$ ) Photos : Tech. Invs (\$ ) Others  Lump Sum / I.B.I: (5 )		Days Of Benair:
1) DeterTime, File Return to?  2) Add Fee: : Site Insp (\$ )S+RSSI  : Interview (\$ ) Photos  : Tech. Invs (\$ ) Others  Lump Sum / I.E.I: (5 )		
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: Interview (\$ ) Photos  Rep Formst: : Tech. Invs (\$ ) Others  Lump Sum / I.B.I: (\$ )	5 5	Add Fee: : Site Insp (\$ )S+RSSI
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Lump Sum / LB.I: (% ) : Weellend (% )	Proceed Entraces :	
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	Samon Green II De la Ille	1 1 240010101



# TRANS EUROKARS PTE LTD 27A TANJONG PENJURU, SINGAPORE 609042 ESTIMATE COST OF REPAIRS

(G) ELROKARS

CHINA TAIPING INSURANCE P/L		NAME : ADDRESS :						VIP :	1	.7750	
3 ANSON NOAD		ADDRESS .						DATE:	10-	-Feb-22	
	SPRINGLEAF TOW	ER						Ī	ATE.	10	10022
	ORE 079909										
ATTN.	:	MOTOR CLAIMS	TEL:								
FAX :		01.15070014	D				CONTACT PERSON :	T	RONALD		
VEH N	0:	SME3700M	DATE IN :					_	THIRD PARTY C	AINA	
CHASS	IS NO :	JM6GL1072K0303996	MILEAGE :				TYPE OF CLAIM :	+	HIND PARTIC	_HIIVI	
MODE	L:	MAZDA 6	DATE REG.:	ATURE	27-Sep-1		POLICY NO. :	-+			
			<u>IV</u>					-			
		DESCRIPTION.			escriptio		PARTS NO	$\neg$	REVISED	D	RICES
NO		DESCRIPTION		QTY	1st	Supp	M. Maria de Calendro	$\dashv$	btv	\$	383.70
1	FRONT FENDER	LH		1			MGHP9-52-211A	+		\$	48.30
2	STAY FENDER LI	1		1			MGHP9-52-240D	$\dashv$	nu X		
3	MUD GUARD LE	I FRT		1			MGRF2-56-140	-	×	\$	114.30
4	FASTENER			10			MB45A-56-146A	_		\$	30.00
5	DOOR FRONT L	Н		1			MGHY0-59-02XJ	_	b6-	\$	975.20
6	STRIPE NO.3(L),	BODY SIDE GL 5 HU	w	1			MGRT6-50-8W3A00		ner	\$	12.90
7	STRIPE NO.1(L),	BODY SIDE GL		1			MGRT6-50-8W1A00		ner -	\$	11.00
8	UPPER HINGE L	H FRONT DOOR		1			MKD53-59-210A			\$	44.10
9	LOWER HINGE I	LH FRONT DOOR		1			MD461-58-210B		7	\$	41.70
10	WEATHERSTRIP	LH FRT DOOR		1			MGBFN-59-760		7 /	\$	90.70
11	FASTENER(L)			10			MTK48-59-762		741-	\$	92.00
12	PAD COVER FRO	ONT DOOR		1			MGHP9-58-972		×	\$	5.20
13	GROMMET,SCR	EW		12			MGJ6A-58-975		ner	\$	36.00
14	GROMMET,SCR	EW		1			M9991-00-503		ulu	\$	3.80
15	FASTENER			5			MGJ6A-68-AB1		ne -	\$	36.00
16	GARNISH LH FR	ONT DOOR		1			MGBFT-50-M20		res-	\$	99.10
17	CLIP,GARNISH			3			MKD53-50-M38		ner -	\$	36.90
18	GARNISH(L),SA	IL-OUT GJ/GL		1			MGJR9-69-16YB		ne.	\$	96.60
19	CLIP,GARNISH			3			MGHP9-50-M38		ner	\$	33.00
20	Paris Confessor	MOULD OUTER FRONT DOOR LH		1			MGHP9-50-650F		×	\$	96.00
21	STONE GUARD LH		1			MGHK1-50-490		NI	\$	198.00	
22	CLIP			13			MBP4L-51-SJ3		MI	\$	130.00
23	CLIP			2	1		MG18K-51-SJ3		ve1	\$	13.00
24	HARNESS,FROM	NT DOOR I H		1	1		MGBKT-67-200		×	\$	250.70
25	INSULATOR FEI	proc. (g. 201 Act of g. 177 (3.32)))		1	+		MGHP9-56-396A		×	\$	81.30
26	PLATE SEAL FEI	(4) P4 (20) (2004) (20) (20)		1		-	MGHP9-56-J13		?	\$	55.20
18502	WHEEL, DISC 17			1			M9965-16-7570	7	wester	\$	1,196.80
27	FRONT ABSRO			1		+	MGBJD-34-900A	->-	Z'	\$	392.40
28		FRT ABSORBER		1	+	+	MB45A-34-38XA	+	3/	\$	55.80
29		2 STONE LANGUAGUS MANDANIAN CONTRACTOR OF THE STONE OF TH		1	+		MKD35-34-380C		7/	\$	96.50
30		NTING TOP FRT ABSROBER		1			MG46C-34-350J		7x	\$	503.90
31	FRONT LOWER			1		+	MGBFN-33-031	+	34	\$	420.00
32	KNUCKLE LH FI	The state of the s					MKD35-33-04XF	-		\$	566.70
33		EARING FRT LH		1		-		-	X	\$	15.00
34	NUT			1		-	MD651-33-042A	+	7-	\$	
35	5 0			0			0	_		5	

1								
						TOTAL PARTS		\$ 6,261.80
						TOTAL PARTS COST		\$ 6,261.80
		SU	JPPLEI	MENTA	<u>RY</u>			
NO	DESCRIPTION		QTY	1st	Supp	PARTS NO	REVISED	PRICES
1								
						TOTAL PARTS		\$ -
						TOTAL PARTS COST		\$ -
			Labour [	Descripti	on			
							REVISED	PRICES
1		TO REPLACE FRONT FENDERLH, FRONT D AREAS AFFECTED BY THE ACCIDENTS.	OOR LH	. TO REF		OKER PANEL LH AND ALL	1980	\$ 2,640.00

2		TO RESPRAY FRONT FENDER AFFECTED BY THE ACCIDENT	LH , FRONT DOOR LH , ROCKER PA	ANE_LH AND ALL AREAS	2520	\$	2,520.00
3	MZ-BR-DOORME	TO TRANSFER THE DOOR ME	CHANISM.		180.	\$	660.00
4	MZ-BR-AXNSUP	TO REPLACE AXLE AND SUSP	PENSION MECHANISM.		X	\$	660.00
5	MZ-BR-WHEALI	TO CHECK STEERING GEOME	ETRY & CONDUCT FULL WHEEL ALI	GNMENT.	NETT	\$	560.00
6	MZ-BR-WHEBAL	TO MOUNT SPORT RIM AND C	CONDUCT WHEEL BALANCING.		7 NETT	\$	120.00
7	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYST	TEM FOR PROPER FUNCTIONING.		120.	\$	250.00
8	MZ-BR-REPROG	TO REPROGRAMME AFTER T	HE ACCIDENT REPAIR WORKS.		180	\$	300.00
9	MZ-BR-SUNDRI	SUNDRIES.			20	\$	50.00
	REMARKS:	L		TOTAL LABOUR	\$ -	\$	7,760.00
	THIS IS ONLY AN	ESTIMATE FROM VISUAL INSE	PECTION AND	TOTAL PARTS	\$ -	\$	6,261.80
	SHOULD THERE	BE MORE DAMAGES FOUND D	DURING THE PROCESS	TOTAL	\$ -	\$	14,021.80
		OU WILL BE INFORMED BEFO OUT.TAKE NOTE THAT SHOUL		LESS EXCESS	\$ -	\$	_
		TH THE REPAIRS, A <b>QUOTATI</b>		TOTAL AFTER EXCESS	\$ -	\$	14,021.80
	WILL BE APPLIE	D ACCORDINGLY FOR MAN-HC	OURS INVOLVED IN	GST 7%	\$ -	\$	981.53
	SOURCING FOR	PARTS PRICE AS WELL AS LABO	OUR CHARGES.	GRAND TOTAL	\$ -	\$	15,003.3
		SUPPLEMENTA	ARY LABOUR DESCRIPTION			_	
					REVISED		PRICES
527							
1		#N/A					
1	REMARKS:	#N/A		TOTAL LABOUR	\$ -	\$	
1			PECTION AND	TOTAL LABOUR TOTAL PARTS	\$ -	\$	-
1	THIS IS ONLY AI	N ESTIMATE FROM VISUAL INS BE MORE DAMAGES FOUND L	DURING THE PROCESS				-
1	THIS IS ONLY AI SHOULD THERE OF REPAIRING,	N ESTIMATE FROM VISUAL INS BE MORE DAMAGES FOUND L YOU WILL BE INFORMED BEFO	DURING THE PROCESS DRE THE REPAIRS ARE	TOTAL PARTS	\$ -	\$	
1	THIS IS ONLY AI SHOULD THERE OF REPAIRING,' BEING CARRIED TO PROCEED W	N ESTIMATE FROM VISUAL INS BE MORE DAMAGES FOUND I YOU WILL BE INFORMED BEFO OUT.TAKE NOTE THAT SHOUL ITH THE REPAIRS, A QUOTATI	DURING THE PROCESS DRE THE REPAIRS ARE .D YOU DECIDE NOT ION FEE OF \$400	TOTAL PARTS TOTAL	\$ -	\$	
1	THIS IS ONLY AI SHOULD THERE OF REPAIRING, BEING CARRIED TO PROCEED W WILL BE APPLIE	N ESTIMATE FROM VISUAL INS BE MORE DAMAGES FOUND I YOU WILL BE INFORMED BEFO OUT.TAKE NOTE THAT SHOUL ITH THE REPAIRS, A <b>QUOTATI</b> D ACCORDINGLY FOR MAN-HO	DURING THE PROCESS DRE THE REPAIRS ARE LD YOU DECIDE NOT ION FEE OF \$400 DURS INVOLVED IN	TOTAL PARTS TOTAL LESS EXCESS	\$ - \$ - \$	\$	
1	THIS IS ONLY AI SHOULD THERE OF REPAIRING, BEING CARRIED TO PROCEED W WILL BE APPLIE SOURCING FOR	N ESTIMATE FROM VISUAL INS BE MORE DAMAGES FOUND I YOU WILL BE INFORMED BEFO OUT.TAKE NOTE THAT SHOUL ITH THE REPAIRS, A QUOTATI D ACCORDINGLY FOR MAN-HO PARTS PRICE AS WELL AS LAB	DURING THE PROCESS  ORE THE REPAIRS ARE  ID YOU DECIDE NOT  ON FEE OF \$400  DURS INVOLVED IN  OUR CHARGES.	TOTAL PARTS TOTAL LESS EXCESS TOTAL AFTER EXCESS	\$ - \$ - \$ -	\$ \$ \$	
1	THIS IS ONLY AI SHOULD THERE OF REPAIRING, BEING CARRIED TO PROCEED W WILL BE APPLIE SOURCING FOR	N ESTIMATE FROM VISUAL INS BE MORE DAMAGES FOUND I YOU WILL BE INFORMED BEFO OUT.TAKE NOTE THAT SHOUL ITH THE REPAIRS, A QUOTATI D ACCORDINGLY FOR MAN-HO PARTS PRICE AS WELL AS LAB	DURING THE PROCESS  ORE THE REPAIRS ARE  ID YOU DECIDE NOT  ON FEE OF \$400  DURS INVOLVED IN  OUR CHARGES.	TOTAL PARTS  TOTAL  LESS EXCESS  TOTAL AFTER EXCESS  GST 7%	\$ - \$ - \$ - \$ - \$ -	\$ \$ \$	
1	THIS IS ONLY AI SHOULD THERE OF REPAIRING, BEING CARRIED TO PROCEED W WILL BE APPLIE SOURCING FOR	N ESTIMATE FROM VISUAL INS BE MORE DAMAGES FOUND IT YOU WILL BE INFORMED BEFO OUT. TAKE NOTE THAT SHOUL ITH THE REPAIRS, A QUOTATI D ACCORDINGLY FOR MAN-HO PARTS PRICE AS WELL AS LAB	DURING THE PROCESS  ORE THE REPAIRS ARE  DO YOU DECIDE NOT  ON FEE OF \$400  DURS INVOLVED IN  OUR CHARGES.  TR	TOTAL PARTS  TOTAL  LESS EXCESS  TOTAL AFTER EXCESS  GST 7%  GRAND TOTAL	\$ - \$ - \$ - \$ - \$ -	\$ \$ \$	
1	THIS IS ONLY AI SHOULD THERE OF REPAIRING, BEING CARRIED TO PROCEED W WILL BE APPLIE SOURCING FOR	N ESTIMATE FROM VISUAL INS BE MORE DAMAGES FOUND I YOU WILL BE INFORMED BEFO OUT.TAKE NOTE THAT SHOUL ITH THE REPAIRS, A QUOTATI D ACCORDINGLY FOR MAN-HO PARTS PRICE AS WELL AS LAB	DURING THE PROCESS  ORE THE REPAIRS ARE  DO YOU DECIDE NOT  ON FEE OF \$400  DURS INVOLVED IN  OUR CHARGES.  TR	TOTAL PARTS  TOTAL  LESS EXCESS  TOTAL AFTER EXCESS  GST 7%  GRAND TOTAL	\$ - \$ - \$ - \$ - \$ -	\$ \$ \$	

ESTIMATE Page 3 of 3

ST0A22240004 / TRANS EUROKARS PTE LTD [408605] ENTRY DATE & TIME: 04/02/2022 17:11 (SGT) SUBMITTED BY: TRANSEUROKARS PTE LTD - UBI VERSION: 1 (04/02/2022 17:11 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

  2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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 04/02/2022 17:11 (SGT) Date of Accident 04/02/2022 15:24 (SGT) **Exact Location of Accident** Singapore Additional Location Information NORHTWOOD CONDO Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SME3700M

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Mr Leong Choon Luen NRIC No SXXXX336Z **Email Address** CHOONLUE N@GMAIL.COM Mobile Phone No (Phone) +65-96930831 Alternative Phone No +65-96930831

# VEHICLE PARTICULARS

Manufacturer Mazda Model 6 Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle?

Vehicle Category Private car Transmission Auto CC 1998

## INSURANCE COMPANY

Cover Note Number

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

#### DRIVER

Name of Driver SOH KIM KEE NRIC No SXXXX303B

Date Of Birth	14/05/1956
Occupation	Indoor
Date Of Driving Pass	21/04/2012
Driving experience	9 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92317948
Alt. Phone Number	-
Email Address	SOHKIM@GMAIL.COM
Address	No. 60 Jalan Mata Ayer
Address complement	-
Postcode semantical and a semantical and	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	
T	Callinian Major/Misas Dd
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	
Manufacture and the state of the profice 2	No
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
If yes, against whom?	140
ii yes, against wildin:	
CIRCUMSTANCES OF ACCIDENT	
PELASE SEE ATTACHED	
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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF	OTHER	VEHICLE I	PROPERI	ΥŢ

SNC9364J Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver Contact Number Address



Address complement	-
Postcode	-
nsurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of t	he Accident		
	*		*
	The second secon		
			Manager (1997)
	Control of the Contro		
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			-
		***************************************	**************************************
		00000000 to 1000000 (1000 Access 1000 Acce	
	THE CONTRACT OF THE CONTRACT O		
***************************************			
Declaration			
IVVe declare the foregoing particula	irs are true in every respect.		
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the poli & Time	cyndiden) Date Witnessed by Personnel	Reporting Centra

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Pease 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 will inserepresentation 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 GA 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General insurance Association of Singapore. GIA I may are permitted to collect use disclose and/or process my personal data/personal information set out in this [form] and any after personal information provided by me or possessed by my insurer [collectively the 'Personal Information' and disclose and transfer such Personal Information to all insurers; who have insured vehicle(s) involved in this accident fall insurers; who have insured vehicle(s) involved in this accident fall insurers; who have insured vehicle(s) involved in this accident fall insurers; who have insured vehicle(s) involved in this accident fall insurers; who have insured vehicle(s) involved in this accident fall insurers.
- (ii) processing, transfing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
- (iii 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 thanking 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 years law from may are permitted to callect 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 GW to their third party service providers or agents (including their law yers/law if ms.) which may be sited outside of Singapore, for one or more of the above Purposes

Policyholo			
Time			

Driver's Signature (If driver is not the policyholder) | Date 8 Time

Witnessed by Reporting Centre

Sketch Plan