ASS, PLG, BY:

CS/CTI22001473/Aty3

ASS	SIGNMENT
From: Date:	Veh No: SLZS1744. Yr Regn: 2018, May.
Estimated Cost:	Type: M.Cap / 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: Honda Freed. c.c 1496
at Workshop m/s	Colour Blue. A/C: Insured / Std / NI / NA
of	Sp.Reading /8/642 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: GB71051090 *
Claims No.	Gen. Cond Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: merder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil L8/Rim / STD A/Rim or
	Tyre Size: F: 185/65 R15
(Policy Condition)	R: 185/65 R15.
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. Ob mm R/Bal. Ob mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 16/02/22.
Lum Sum: % 3 Val.: Yes or No	Survey held at Automobile Hub.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU Date: Person Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
TP China.	
policy and a skeletic	
LUMP SUM \$2350, 4DAYS	
MV : RED: 5046.7;68%	
PV:	
746(1);	
	7396.7
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 4
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2)	: Interview (\$) Photos
Report Formst:	: Tech. Invs (3) Others
Lumip Sum / LPJ: /2	: Weel end 18



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

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.

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

14/02/2022 17:25 (SGT) Date of Submission 14/02/2022 13:45 (SGT) Date of Accident Singapore **Exact Location of Accident**

TANJONG PAGAR PLAZA (LOADING BAY) Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SLZ5174U Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? KHALID BIN ABD GHANI Name Of Registered Owner S2177036A NRIC No autohub325@gmail.com Email Address (Phone) +65-96743491 Mobile Phone No +65-96743491 Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Freed 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

Private hire

No - Claiming third party Private hire Auto 1496

INSURANCE COMPANY

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

China Taiping Insurance (Singapore) Pte. Ltd. Comprehensive DMHCSNW00012372100

Name of Driver NRIC No

KHALID BIN ABD GHANI S2177036A

Date Of Birth 13/10/1960 Occupation Outdoor Date Of Driving Pass 09/03/1994 Driving experience 27 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96743491 Alt. Phone Number +65-96743491 Email Address autohub325@gmail.com Address BLK 350 BUKIT BATOK STREET 34 Address complement #04-114 Postcode 650350 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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No

Name	PASSENGER
Gender	Male
PASSENGER 2	

PASSENGER

Female

Name Gender

PASSENGEN 3	
Name	PASSENGER
Gender	Female

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

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW2910K
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	EKAMBARAM ARUNKUMAR
Passport No/FIN	G5277878L
Contact Number	
Address	
Address complement	
Postcode	and the second second second second
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	·····
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KHALID BIN ABD GHANI
Gender	Male
Phone No	The second of the second second second second
Address	ET RESIDENCE AND MINISTER AND MANAGEMENT
Address Complement	AND THE DESIGNATION OF THE
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLZ5174U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
- 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 faise 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)

l undersland, 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 posses sed 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
- (i) 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' taw 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 GM 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 Repo

Sketch Plan

A-51251744 B-SMW2910K

Tanjong Ragar Rd Taniona Pagar Plaza (Loading Bay)

Personnel

TILK 6

BLK7

escribe Circumstances of the Accident	The Paris
on 14/02/2022 around 1'45 pm at 7 Plaza (loading Bay). After pick up 1 about to them back to exit to seplace and suddenly the vehicle from Land side reverse and bang to left	anjong Papar
Plaza (loading Bay). After pick up	passenger
I about to turn back to exit to	Joh at M
place and suddenly the vehicle tro	n my lett
Land side reverse and bong to left	+ side of my
whide.	
vinae.	
general control of the control of th	

Declaration

I'We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre