ASS, PEC, BY:	CS/CTI22001794/Any3
	ASSIGNMENT
From: Date:	Veh No: SMF875+A. Yr Regn: 2018, Oct
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: Lexus Ex300 c.c 1988
at Workshop m/s	Colour White A/C: Insured / Std / NI / NA
of	Sp.Reading 56305 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: TTJBAMCAX02060080.
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 235/55 R2 O-
(Policy Condition)	R: 235/55R20
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? : Ye	
GIA / PR Seen: Consistent?: Ye	201 21/02/03
Est. Repairs: 6 days Res.: Ye	0) 100
Lum Sum: % 3 Val.: Ye	or No Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted:	Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
TP Ching.	
fir	al fig: \$15223.90 and 6 days
m < :	red: \$ 14120, 48%)
PV:	
Nett:	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 6
	Resurvey No. of Trip: 1 Survey Fee:
1) 03/08/22 : Final Report	Transportation:

Add Fee:

Report Format: tp-merimen

15223.90

Lunio Sum / LPJ: 73

: Site Insp (\$

: Tech. Inve (\$

: Westerd Is

rhole.

SA1G222N0003 / ASM Automotive Services Pte Ltd ENTRY DATE & TIME: 23/02/2022 15:23 (SGT) SUBMITTED BY: Pei Feng VERSION: 1 (23/02/2022 15:23 (SGT))

SINGAPORE ACCIDENT STATEMENT

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

oplicy 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

23/02/2022 15:23 (SGT) 22/02/2022 17:37 (SGT) BKE TOWARDS SLE (8KM MARK) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SME8754A

INSURED/POLICYHOLDER

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

SEE HOCK WAH SXXXX054J chuajoanne73@gmail.com (Phone) +65-81684011 +65-81684011

VEHICLE PARTICULARS

Alternative Phone No

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

Private use

Lexus

Rx300

No - Claiming third party Private car Auto 1998

INSURANCE COMPANY

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

AXA Insurance Pte Ltd Comprehensive No GA506652

DRIVER

CC

Name of Driver NRIC No

SEE HOCK WAH SXXXX054J

22/11/1956 Date Of Birth Indoor Occupation 04/07/1979 Date Of Driving Pass 42 YEARS AND 7 MONTHS Driving experience Gender (Phone) +65-81684011 Mobile Number +65-81684011 Alt. Phone Number chuajoanne73@gmail.com Email Address 29 Fernvale Road Address #16-35 Address complement 797416 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 3 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 TIONG SENG MENG Name Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to the attached sketch plan. ATTACHMENT(S) Are accident photos available for attachment? Yes Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** GBC9583K Vehicle Registration Number

Commercial vehicle

Vehicle Manufacturer Vehicle Model Vehicle Variant 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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN6218E
Vehicle Manufacturer	
Vehicle Model	*
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

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.
- 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)

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 :
- (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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BKE -D SLE

ICNBNAN

B GBC 95831

Describe Circumstances of the Accident	
On the said time and location.	
On the search time street	
I was travelling along BKE fowards SLE.	
The traffic was heavy.	
I the found of one down and slow.	Got 7
Vehicle informt of me slow down and slow. I slow down and edge to a complete stop. Suddouly I heard a big bang from be and realized that my reballs who hit is	7
slow down and come to a complete stop.	hind
Suddouly I heard a state was hit	07
the vehicles believed me.)
When I alight from my vehicle, I redized that it was at chain collision involving 2 rehicles.	-
redized that It was at chain collist	00
involving 2 vehicles.	
	7

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if griver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel