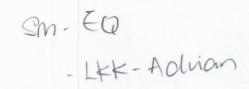
A.	SSIGNMENT
From: Date:	\$11.2007
Estimated Cost:	Veh No: SJL 2186C. Yr Regn: JUSE, NOV
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	Truck / Trailer or
at Workshop m/s	Make: Nissan Latio c.c 1498
of	Colour A/C: Insured / Std / NI / NA
Insured:	Sp.Reading 26/405 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No. DM22HO00588-JT	C/No: JNIBAACIIZ0020604
Sum Inquired:	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Morgor / Jammed / Leaked / Burnt or
Make of Veh:	Brake: iporder / Jammed / Leaked / Burnt or
	Modi: Nil S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 195/60 R15
emark: The yeh had commonand is	R: 195/60R15
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI /
al. or Market Value:	TOYO/YOKO or
	<u>Front</u> Rear
	R/Bal. 06 mm R/Bal. 06 mm
	L/Bal. 06 mm L/Bal. 06 mm
m Sum: days Res.: Yes or No	D.O.A. D.O.I. 20/04/22.
	Survey held at SM.
/ REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
e:Person Contacted: Vehicle: IN / OUT	Front N/s.
ate / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
TP EQ.	12F Fx 2 12 1
05/22@5.21pm revised to Jaime Tay by ema	1. WE Expiry: 18/11/28
LS \$1600, 3 days. (Red \$4319.91, 7	3%)
MV:	
Nett:	
	and the second s
me, File Pass to?	
: Prell. Report Da	ys Of Repair: 3
/US IVNIST	Survey No. of Talan
Final Report	1 ISIMov Eng.
: Final Report Reme, File Return to?	
700 Typist	Survey Fee: Transportation: Site Insp (\$)3 + RSSI
: Final Report Reme, File Return to?	Transportation:

SS1Y224C000F / SME MOTOR PTE LTD ENTRY DATE & TIME: 12/04/2022 17:39 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (12/04/2022 17:39 (SGT))





SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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.

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

12/04/2022 17:39 (SGT) 12/04/2022 12:27 (SGT) 1 Opal Cres, Singapore 328396 OSCP Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJL2186C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No FOO YEONG MIEN MARTIN S1800343J martin.foo2118@gmail.com (Phone) +65-81131928 +65-81131928

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

Nissan Latio

Private use

No - Claiming third party

Private car Auto 1500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

Sompo Insurance Singapore Pte. Ltd.

Comprehensive

No

D21MTPV01015075

DRIVER

Name of Driver NRIC No

XAVIER FOO CHUAN DE S9723746H



Accident report SS1Y224C000F

Page 1 of 14

Date Of Birth 19/07/1997 Occupation Indoor Date Of Driving Pass 03/04/2018 Driving experience 4 YEARS Gender Male (Phone) +65-87903808 Mobile Number Alt. Phone Number

Email Address mrxavierfoo@gmail.com

BLK 495F TAMPINES STREET 43 #05-360 Address Address complement

Postcode 525495 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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

Hit and run / Vandalism / Damaged whilst parked Type of Accident 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

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

I WAS PARKED STATIONARY AT OSCP OF 1 OPAL CRESCENT IN FRONT OF THE OPAL SUITES AND I WAS INSIDE THE VEHICLE PREPARE TO GO FOR LUNCH. SUDDENLY, I FELT AN IMPACT. A LORRY IN FRONT OF MY VEHICLE DOING PARALLEL PARKING AND COLLIDED INTO FRONT PORTION OF MY VEHICLE AND CAUSED DAMAGES. AFTER THE ACCIDENT, WE EXCHANGED PARTICULARS AND LEFT THE SCENE.

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

GRG4824C Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category Name of Driver Contact Number

Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident VEHICLE B
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.
- 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)

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 & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: 9JL 2186C B: GBG 4824C OSCP of 1 opal Ctescent

Sun ACTCO

ESCRIBE CIRCUMSTANG I was parked stationary a	t OSCP of 1 ,Opal Crescent in fro	ont of the Opal Suites and I was
inside the vehicle prepar	e go for lunch.	
Suddenly, I feel an impac	ct. A lorry in front of my vehicle do	ing parallel parking and collided
nto front portion of my ve	ehicle and caused damages.	
After the accident, we ex-	changed particulars and left the	scene.
		M
		A Constitution of the Cons
		200
DECLARATION /We declare the foregoing particulars a	are true in every respect.	
60	O. NO	
#	2000	
Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Oate & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: