I-EF: ASS, PLC. BY: ASSIGNMENT SLX 1913R. Yr Regn: 2018 March. Veh No: From: Type: (M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: Make: Insured / Std / NI / NA Colour at Workshop m/s 91275 T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: insured: MROS3DK5100112774 C/No: Policy No. Gen. Cond: Goody Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Sum Insured: Excess: morder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil /S/Rim / STD A/Rim or Make of Veh: F: 215/60R16. Tyre Size: 215/60246. (Policy Condition) N/S 0/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The veh had commenced its TOYO (YOKO OF repair at the time of inspection. Rear Front Bal. or Market Value: Consistent?: Yes or No R/Bal. IDAC Accident Rport: L/Bal. Consistent?: Yes or No GIA / PR Seen: D.O.A. Res.: Yes or No days Est. Repairs: Twinker. 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages : Frt ( Rear) / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Action / Instruction Date / Time MV: Nett: Date/Time, File Pass to? Days Of Repair: : Preli. Report : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: \_S + RS.\_\_\_SI Photos Others Report Formst :

SN09224J0009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 19/04/2022 17:12 (SGT) SUBMITTED BY: Chew Hsiao Tong

VERSION: 1 (19/04/2022 17:12 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### 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 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.

4. The Issue and acceptance of this report 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**

19/04/2022 17:12 (SGT) Date of Submission 18/04/2022 17:15 (SGT) Date of Accident **Exact Location of Accident** Dunman Rd, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number **SLX1913R** 

#### INSURED/POLICYHOLDER

Is company? No KWEK SEOW KEW Name Of Registered Owner SXXXX244Z NRIC No augustine@aikyu.com **Email Address** (Phone) +65-96658802 Mobile Phone No +65-96658802 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Camry Model 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? Private car Vehicle Category Auto Transmission 1998 CC

# INSURANCE COMPANY

Sompo Insurance Singapore Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy D22MTPV01003946 Policy Number Cover Note Number

### DRIVER

KWEK SEOW KEW Name of Driver SXXXX244Z NRIC No

29/02/1952 Date Of Birth Indoor Occupation Date Of Driving Pass 15/05/1971 50 YEARS AND 11 MONTHS Driving experience Gender (Phone) +65-96658802 Mobile Number +65-96658802 Alt. Phone Number augustine@aikyu.com **Email Address** 1 MARINE VISTA #07-77 Address Address complement 449025 Postcode 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface 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) soliciting/offering accident claims assistance? No PASSENGER 1 LAI LENG MOY Name Female Gender PASSENGER 2 KWEK SHI LING Name Female Gender 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 PLEASE REFER TO SKETCH PLAN 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 No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1

SHB784R

Vehicle Registration Number

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	
Contact Number	(Phone) +65-82822233
Address	-
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	The party of the seal of the
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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)

l understand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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;
- (ii) 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (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.

Signatule / Date & Policy Time

Sketch Plan

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

D

& Time

2>

Witnessed by Reporting Centre Personnel

Dunman

A= SLX 1913R B-SHB 784R Describe Circumstances of the Accident

to my which is et	ationary along the mention road I felt on impact from my which a, I realise vehicle 'B' failed to so	due to red
rothic light Suddenly	I felt an impact from my which	le rear. I step o I
s my car and chcel	a, I realise vehicle 'B' failed to s	wp and collided
nto my which rea	f.	
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The state of the s		
Declaration		
We declare the foregoing particula	ars are true in every respect.	
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mobile	Driver's Signature (# driver is not the policyholder) / Date	Witnessed by Reporting Centre
Policyholder's Signature / Date &	Driver's Signature (Figures is not use party) & Time	Personnel
Time	Ø IIII	