From:  Date:  Stimated Cost:  OD (TP) WS / TP RES / OD RES / EVA / INV / MV  To inspect Vehicle No: at Workshop m/s  Of Sp. Reading T/Radio: Insured / Std / Ni / NA  Insured:  Policy No.  Claims No.  Sum Insured:  Excess:  (Client's Record)  ASSIGNMENT  Veh No:  SJ N 9 38 K Yr Regn:  Yr Regn:  ASSIGNMENT  Veh No:  SJ N 9 38 K Yr Regn:  ASSIGNMENT  Veh No:  SJ N 9 38 K Yr Regn:  ASSIGNMENT  Veh No:  SJ N 9 38 K Yr Regn:  ASSIGNMENT  Veh No:  SJ N 9 38 K Yr Regn:  ASSIGNMENT  Veh No:  SJ N 9 38 K Yr Regn:  ASSIGNMENT  Type: M.Car) M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /  Truck / Trailer or  Make: TO 100 (MY)  C.C 12/1  Truck / Trailer or  Truck / Trailer or  Truck / Trailer or  Truck / Trailer or  Make: To 100 (MY)  Colour  Sh.Reading T/S Record / Std / Ni / NA  Sp.Reading T/S Record / Std / Ni / NA  Std / No.  Brake: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or	ASS. REC. BY: STEVE 1 CS3/AS	M22004029/Erg3
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Claims No.  Sum Insured: Excess:   (Clients Record)  Make of Veh:   (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:   (DAZ Accident Rport: Consistent?: Yes or No CIA / PR Sean: Consistent?: Yes or No CIA / PR Sean: Consistent?: Yes or No CIA / PR Sean: Gays Res.: Yes or No CIA / REV / REP. / 24 HRS  Date: Person Contacted:   Date / Time Accontinative or Person Contacted:   Date / Date	Policy No.	
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Repair office:		
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	Lump Sum / Let. (F)	(mark)

SA1C224S0003 / Auto Insure Pte Ltd [608586] ENTRY DATE & TIME: 28/04/2022 15:02 (SGT) SUBMITTED BY: LIM WEI LING VERSION: 1 (28/04/2022 15:02 (SGT))



# SINGAPORE ACCIDENT STATEMENT

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 Drivet

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

3. Information provided must be as interim due to within due to the insurance companies.

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 erchiving of this report at the centre and to copies of the report being made available aforesaid.

#### **ACCIDENT STATEMENT**

28/04/2022 15:02 (SGT) Date of Submission 27/04/2022 14:30 (SGT) ..... Date of Accident 205 Hougang Street 21, Singapore 530205 Exact Location of Accident **CAR PARK EXIT** Additional Location Information ..... Singapore Country/State of Loss .....

### DETAILS OF OWN VEHICLE

SJN9138K Vehicle Registration Number

#### INSURED/POLICYHOLDER

**CHUA YEE KHIN** Name Of Registered Owner ..... NRIC No S7963565J EKINCHUA777@ICLOUD.COM Email Address (Phone) +65-96577937 Mobile Phone No ..... +65-96577937 Alternative Phone No .....

#### VEHICLE PARTICULARS

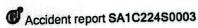
Toyota Camry 2.4 AUTO ABS AIRBAG Exact purpose for which vehicle was being used at time of Private use ..... Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? ..... Private car Vehicle Category ...... Transmission ..... Auto 2362

#### **INSURANCE COMPANY**

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company ..... Type of Coverage ..... Comprehensive Fleet Policy ..... DMPCSNA00057632203 Policy Number Cover Note Number .....

#### DRIVER

**CHUA YEE KHIN** Name of Driver ..... S7963565J



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	07/11/1979	Vanie School
Date Of Birth	Outdoor	Flam + Francisco property
Occupation Date Of Driving Pass	14/03/2007	
Driving experience	15 YEARS AND 1 MONTH	
Gender	Male	`;;;;;;
Mobile Number	(Phone) +65-96577937	
Alt. Phone Number	+65-96577937	
Email Address	EKINCHUA777@ICLOUD.COM	
Address	BLK 716 ANG MO KIO AVE 6 #16-4024	
Address complement		
Postcode	S560716	
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	Collision - Head to Rear	
Weather Conditions	Clear	
Road Surface		
Thoad 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)	1	
Has the driver been approached by unknown person(s)		
soliciting/offering accident claims assistance?	No	
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		
REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?		
Was there any audio recorded?	. No	
DETAILS OF OTH	IER VEHICLE PROPERTY 1	
Vehicle Registration Number	SHC2158E	
Vehicle Manufacturer		
Vehicle Model		
Vehicle Variant		
Vehicle Colour		
Vehicle Category		
Name of Driver		
Contact Number		
Address		
Address complement		

Accident report SA1C224S0003

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e Of Damage	
ails of property damaged in accident	
6. Of Passenger (Including Driver)	+
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# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person Gender	
Gender	
Phone No	
Phone No Address	
Address Complement Post Code	
Post Code Approximate Age Very Old	
Abjevinge Ade Teals Old	
Injuries Sustained Injured person in which vehicle?	
Were seat belts worn?	•
Was this injured conveyed to hospital by ambulance?	

# 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 wiful 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' lawyers/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:
- (i) investigating the accident and/or my claims;
- (a) 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 Aurposes; 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 Time & Time Personnel Sketch Plan PARKING CHRPARK (HDB-H&JE)

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older's Signature / Date &	Driver's Signature (If driver is a & Time	of the policyholder) ( Du	-
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