

ASS. REC. BY:

REF: AXA/

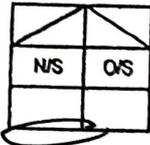
Kenarth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: _____
 at Workshop m/s Thian Heng Hor
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: 847k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 3-4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SOM 9955U Regn: 061 15
 Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toy AXA cc 1598
 Colour: M. Red A/C: Insured / Std / NI / NA
 Sp. Reading: 49137 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: MRO53REH404535227

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rlm / STD / A/Rlm or

Tyre Size: F: 205/55R16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front Rear
 R/Bal: 7 mm R/Bal: 7 mm
 L/Bal: 7 mm L/Bal: 7 mm

D.O.A. 30/4/2 D.O.I. 5/5/2022
 Survey held at 2.45pm

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	SP not ready

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Survey Fee:

Transportation	_____
S - RS	_____ \$
Fees	_____
Others	_____
TOTAL	_____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Report Format :
 Lump Sum / I.B.I: (\$)

Registration No: ST 4 97222

SK0L2254000K / KAN FOOK SING MOTOR WORKSHOP [539147]
 ENTRY DATE & TIME: 04/05/2022 15:41 (SGT)
 SUBMITTED BY: Boo Mlow Hwa
 VERSION: 1 (04/05/2022 15:41 (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 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. 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	04/05/2022 15:41 (SGT)
Date of Accident	30/04/2022 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HAIG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM9955U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG BAK KHIM
NRIC No	S0192685C
Email Address	ritakwekbengseng@gmail.com
Mobile Phone No	(Phone) +65-90906607
Alternative Phone No	+65-90906607

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2021-V0117121-VDP
Cover Note Number	19/06/2021 TO 18/06/2022

DRIVER

Name of Driver	KWEK BENG SENG
NRIC No	S0087005F

11/13/22/TP/WT

Not Authorized

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SKETCH PLAN

IMPORTANT NOTICE

1. Please report **immediately** the details of the accident to speed up the claim process.
2. The form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as **truthful and accurate as possible**. Any omissions or misstatements or a misreading of material facts may affect insurance coverages or constitute policy liability.
4. The cause 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 statements 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 the copies of the report will for a fee be made available upon application by interested parties.
7. By the signature of the report to the insurers, you hereby consent to the archiving of the report at the centre and to copies of the report being made available aforesaid.

Consent under the Personal Data Protection Act (PDPA)

I/undersigned, as/each of us, agree and consent that:

(a) all insurers (as a member and the General Insurance Association of Singapore) (GIA) may be permitted to collect, use, disclose and/or process my personal data/our data/information set out in this form and any other personal information provided by me or provided 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 enforcement firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 enforcement firms) may be 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 also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law enforcement firms), which may be situated outside of Singapore, for one or more of the above Purposes.

[Handwritten Signature]

[Handwritten Signature] 2/5/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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A
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P
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P
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A. S. D. N. C. O. P. S. I.
S. ...