ASS. PEC. BV:	
AS	SSIGNMENT
From: Date:	Veh No: SKZ3976 / Yr Regn: 2016, Jan
Estimated Cost:	Type: M.Cary 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: Harba Veiel c.c 1496
at Workshop m/s	Colour While A/C: Insured / Std / NI / NA
of	Sp.Reading 4462/4 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: 12411107809 *
Claims No.	Gen. Cond. Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / 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: 215/55 R17 -
(Policy Condition)	R: 215/55R17.
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 Tourdor.
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 86 mm R/Bal. 66 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 96 mm L/Bal. 96 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 09/05/22
Lum Sum: % 3 Val.: Yes or No	Survey held at Max Molars .
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rea / O'S / N/S / U/C / Rooftop or
Vehicle: IN / C	TUC
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time   Action / Instruction	
TP China.	
mv :	
PV:	
Nett:	
Date/Time, File Pass to?	Days Of Repair:
Comments of the Post of the Po	
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
2 Actel 1	
7	: Interview (\$ ) Photos
Francii Farmet	: Tech, lave (3 ) Others

S.... I E 15 1. 70

SS1Y22560009 / SME MOTOR PTE LTD ENTRY DATE & TIME: 06/05/2022 14:57 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (06/05/2022 14:57 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process

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.

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

06/05/2022 14:57 (SGT) 05/05/2022 09:18 (SGT) KPE, Singapore TWDS CITY Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SKZ3976Y

INSURED/POLICYHOLDER

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

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

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No

No LEE HWEE LEONG S7421154B leong1712@gmail.com (Phone) +65-90405157 +65-90405157

Honda Vezel

Private hire

No - Claiming third party Private car Auto 1500

NTUC Income Insurance Co-operative Ltd Comprehensive 5100454989-03

LEE HWEE LEONG S7421154B

Accident report SS1Y22560009

Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

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

Type of Accident Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS TRAVELLING TOWARDS KPE. FRONT VEHICLE STOP AND I SLOW DOWN. OUT OF SUDDEN, VEHICLE B HIT ME FROM THE REAR.

01/07/1974

18/03/2011

+65-90405157

11 YEARS AND 2 MONTHS

36 ANCHORVALE LANE #12-31

(Phone) +65-90405157

leong1712@gmail.com

Collision - Head to Rear

Outdoor

Male

544592

Yes

No

Clear

Dry

No

2

No

Yes

No

No

No

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

SJP8770E

-

-

-

Private car

-

(Phone) +65-90180945

-

Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

-

-

-VEHICLE B