ASS. REC. BY: STEVE - MEF: CSTACK	000017015
C ST HOLL	12002678/EXC vy3-1
From: Date:	
Estimated Cost:	Veh No: 7855428T Yr Regn: 28/5/21
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Type: M.Car M.Cycle Bus / Van / Lorry / Taxl / Prime Mover /
To Inspect Vehicle No:	Truck / Trailer or
at Workshop m/s	Make:  - lond
ol	Colour White A/C: Insured / Std / NI / NA
Insured: SNB 1022D	Sp.Reading 1758 T/Radio: Insured / Std / NI / NA
Policy No. 22.29645	Eng/No:
Claims No. S2M03V4H	CINO: MLHNF079075000882.
Complement to	Gen. Cond: Good/ Fair / Poor / Burnt
Excess;	Steering: (norder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh;	Brake: Inorder / Jammed / Leaked / Burnit or
make of vert,	Modi: NII / SIRIM / STD A/Rim or
	Tyre Size: F: 190/70-15
(Policy Condition)	R: 1100/10 - 110
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 .
Bal. or Market Value:	Front
IDAC Accident Rport: Consistent? : Yes or No	Noai //
GIA / PR Seen: Consistent? : Yes or No	Inm , Robalmm
Est Repairs: days Res.: Yes or No	mm Voal.
Lum Sum: % · 3 Val.: Yes or No	Survey held at SpeedWay
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT	
Date/Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
1/1/ 1/2	of ravio TR 11
- NV-14 N Rep	
	3 days
28/3/22 Submit PRS, repair range \$3,000-\$4	,000
2/6/22 Submit LS \$2450 (red 1400, 36%)	
	A. C.
Date/Time, File Pass to?	
: Prell. Report	Days Of Repair: 3
Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
2) 2/6/22-typist	Transportation:
Add Fee	: Site Insp (\$ )_s+Rs_s
Borist C.	Interview (\$
Reput Formet:	Tech Invo (3
Lump Sum / LE.J.: (% )	: Weel:end (%
	To the Control of the
•	POTAL

SN07223F000I / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 15/03/2022 16:08 (SGT) SUBMITTED BY: Kek Chong Chiang Eugene VERSION: 1 (15/03/2022 16:19 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.

policy hability.

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

15/03/2022 16:08 (SGT) Date of Submission 05/03/2022 13:00 (SGT) Date of Accident **Exact Location of Accident** 

Superbowl Jurong Open Space Carpark Additional Location Information

Singapore Country/State of Loss

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

**FBS5428T** Vehicle Registration Number

#### INSURED/POLICYHOLDER

No Is company? **CHONG TIAN FENG** Name Of Registered Owner S8985215C NRIC No tf.chong1989@gmail.com **Email Address** (Phone) +65-93259688 Mobile Phone No

+65-92359688

Alternative Phone No

## VEHICLE PARTICULARS

Honda Manufacturer Forza 300 Model

Variant

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?

Motorcycle Vehicle Category Auto Transmission 280

CC

## INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company ThirdPartyFireTheft Type of Coverage Fleet Policy 5122339856 Policy Number Cover Note Number

### DRIVER

**CHONG TIAN FENG** Name of Driver S8985215C NRIC No

Accident report SN07223F000I

Page 1 of 12

23/05/1989 Date Of Birth Indoor Occupation 18/07/2019 **Date Of Driving Pass** 2 YEARS AND 8 MONTHS Driving experience Male Gender (Phone) +65-93259688 Mobile Number +65-92359688 Alt. Phone Number tf.chong1989@gmail.com **Email Address** APT BLK 321 JURONG EAST STREET 31 Address #06-108 Address complement S600321 Postcode Yes Is the driver the policyholder? 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

Le Or Company Name of the Or Company Name of

## GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collided into Parked Vehicle
Weather Conditions Clear
Road Surface Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
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?

No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?

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?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 SNB1022D

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 MUSTAFFA TAY KIM CHIEW

 NRIC No
 S1667578D

 Contact Number
 (Phone) +65-91357732

 Address



complement
side
rance Company Name
Aure Of Damage
setails of property damaged in accident
No. Of Passenger (Including Driver)

# SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report protectly the details of the eccident to spend up the times process
- 2. This form must be completed by the following endfor the Authorised Orivit. information provided must be as touthful and accounte as possible. Any wilful municipresentation or withholding of material
- 4. The base and acceptance of this Form by insurance companies is not an admission of policy liability on the part of any insurance CONTRACTOR
- 6. The report will be forwarded by the crisure's of the GIA Records Management Centre established by the General insurance Association of Singapore (GrA) for exchising and that copies of this report will for a fee be made a saidable upon application by
- 7. By the sogment of this report to the inturers, you hereby consent to the archiving of this report at the centre and to copies of the report being made availably adoresaid
- 5. Consent under the Personal Data Protection Act (PDPA)

sunteneed, acknowledge, serve and consent that

- the AS, Fourty, my workshop and the General Insulance Association of Speakore ("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 of possessed by my insurer (collectively the :Personal Information\*) and disclose and transfer such Personal Information to all ensured(s) who have injured vehicle(s) involved in this accident (all insured)s who have insured reficies) area ved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singlepack and any released government agency to aboutly (good) each exposual, for the purpose (a),
  - (i) processing handing and/or dealing with my exampled and the settlement of the claims and any necessary in emit gations relating to the cities.
  - (ii) west gating the accident another the claims.
  - less samples out broker desires with my historicions or responding to any enquiries by me.
  - Expert circums my tauns in the design making of consequentaries, statements, in societ, reports or notices to me, which could recove discipline of correct personal data about me to being about illulivate of to a derive in well as on the external cover of environmentary) parkagest well as
  - ly consider with applicable leaves administering processing transport analysis and any claims (collectively the "Purposes"
- (b) as instracting and care improved a challetal involved in this accident and the benural in Singaration front, may/are permitted to collect, use, discover another process for Piersonal Indian lines has now by more of this shore furnished, and
- (c) my Parisonal ediction to a first the first and any any left the transpart of the first to find the first service percentage the exercise country their applications from a which may be treed that the lift to got the concentration above for the second purposes.
- my personal leformation with who be confected and used to complete party from the concess of freed inefection, manufactions and management in present and all figure stance.
- (4) the information as covered in our lift above that by charted a minimal
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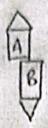
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Reporting Centry Regionates's Equiption

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A: 15554287 B: # 1022 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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my vehicle	and suspen	quently My	vehicle fall o	the right.
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If We define the foregoing particulars are true in every respect

Poheyholder's Signature

Date & Table: 15/03/2002

Driver's Separatore (Ferwar's continue policyholder) Date & Timor REPORTED FOR THE STATE OF THE S



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

# ADDENDUM

No.	
PARTICULARS OF PERSON MAKING THE AMEND	MENTS
Original Report No: SNO1322 Foot	Vehicle Registration No. PRSSELET
Name (as shown in ware) Charge Times Lee	NRIC/FIN/Passport No. 5 21852 (5 5
/*Vehicle Driver/Vehicle Owner) (*) Please deleti	e as appropriate
Address: Api Rec 321 June 15 East	Sueel 31 1106-1-18 Singapore ( 600
Contact (Tel):	Mobile No.: 9235 9688
Email Address: +f. thong 1484 (4 grail	表面: [1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
	Time of Accident: 1300 GX
등 교육 중 교육 조심 아이들 때문에 가장하는 하는 것이 하는 것이 되었다. 그는 사람들은 얼마 없었던 것이다.	
Place of Accident Supribury Juny	[마양이상시간] 내용주시하다면 내용되는 사람이 가는 경기에 가는 경기에 다른 생생들이 되다고 있는 것 같다. 그렇게 되는 것 같아 그리고 있다.
Insurance Company: NTUC Income (	prostate
ADDITIONAL INFORMATION / AMENDMENTS:	
I have made a report on the above-mentioned acc make the following amendments:	ricent and would like to include additional information o
To change from fBSS 4137 to	prisonet.
	사용
	물리 경기 전 경기 (1982년 - 1982년 - 1 공학 경기 - 1982년
	1
Policyholder / Dover's Signature	Reporting Centre Personnel's Signature

15/03/1011

Date:

Name Luren Let

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