ASS	IGNMENT
From: Date:	Veh No: SNC 4689 E. Yr Regn: 2021, Oct.
Estimated Cost:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
o Inspect Vehicle No:	Make: Toyota Yan's Cross c.c 1490
t Workshop m/s	Colour Coline A/C: Insured / Std / NI / NA
	Sp.Reading /8//9. T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
olicy No.	C/No: MXPB103010789
laims No.	Gen. Cond: 600d Fair / Poor / Burnt
ım Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
take of Veh:	Modi: Nil S/Rim STD A/Rim or
	Tyre Size: F: 20,5/65 R16-
(Policy Condition)	R: 205/65R16
emark: 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
al. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
SIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
st. Repairs:days Res.: Yes or No	D.O.A. D.O.I. 15/06/22.
um Sum: % 3 Val.: Yes or No	Survey held at MG Solution.
A / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT vate: Person Contacted:	
	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time   Action / Instruction  1 P China	CONTROL CONTROL
C + Colling.	
	win worth
mv :	11/3P05878
PV:	San Of Blot
Nett:	* PLCSTURE HOMEGRIDO
	2.00
ale/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
ate/Time, File Return to?	Transportation:
Add Fee	
	: Interview (\$ - ) Photos

Lunin Zum / LPJ: (%

VEHICLE NO: SNC4689E	MAKE & MODEL: TOYOTO YOUR (101) AUDO MANUAL			
DATE OF ACCIDENT	14 106 1 2022 1.5 °C.C.			
TIME OF ACCIDENT	12.05 AM (PM)			
LOCATION OF ACCIDENT	priveray of BIK 15 and BIK 17A Telok Blangar Crescent			
XACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE PURE			
NAME OF OWNER	Tan won tee			
NAME OF OWNER				
EMAIL Christaltanul agmail.				
VRIC	S7973S62J			
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY			
FLEET POLICY.	YES / 60 ?			
NSURANCE CO.	MTUC			
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.	5124262821			
NAME OF DRIVER	AS ABOVE / IF NO: Tan Wan Lee			
NRIC	57973562]			
DATE OF BIRTH	08   10   1979			
ANY PASSENGER	YE\$ / NO : 1			
NAME OF PASSENGER	NUKNOMU			
GENDER OF PASSENGER	MALE / FEMALE			
OCCUPATION	Outdoor / Indoor			
DATE OF DRIVING PASS	03   12   2003			
GENDER .	Male / Female			
CONTACT NO.	05:12013			
EMAIL	Christaltanul @ gmail com			
ADDRESS	20 Telok blangan crescent #04-68 S(090020)			
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes Reg No: INSURER			
RELATIONSHIP	Employee / If No. OWN			
WEATHER CONDITION ROAD SURFACE	Clear / Raining / Other .			
Y INJURIES	No/If yes). Who? Tan Wan Lee			
CONTACT NO.	ito, in fost verior jan wan we			
POLICE REPORT	No / If yes : Where? On I. W.			
NOTICE OF INTENDED PROSECUTION GIV				
VEHICLE B NO.	GBE0179C Any Passenger. —			
NAME	CIPCUT 11-10			
CONTACT NO.				
VEHICLE C NO.	Any Passenger : /			
VEHICLE D NO.	Any Passenger			
VEHICLE E NO.	Any Passenger .			
VEHICLE F NO.	Any Passenger			
any witness				
WITNESS CONTACT NO.				
WAS THERE ANY VIDEO CAPTURE?	YES / NO			
WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN?	YES / NO YES / NO			
**WORKSHOP:	ma solution He Ltd			
Have you been approach by unknown per				
offering accident claims assistance?	YES / NO			

## SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the lodgment 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)

I understand, 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:
  - 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:

Signature:

- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

~~~		
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Pate & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:
	I hereby authorise SME Motor Pte Ltd to se Accident report to my workshop	nd my mg3 Solution @ gmz. 1 Com

KETCH PLAN	ipading lay	
		BIK 15 TEIDK Blangah Cressent
	→ B	
	←	
	BIL	(17A Telok Blangan crestny.
		(A) SNC4689E (B) GBE 9779C
ESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	
	Attached 10 pep. +	
	Attachea	
	1/20220614/7035	
	1/2021	
Note: Please note that vo	our insurer may have 14 days time frame for	or you to submit an Own Damage Claim und
	e policy. Please check your policy for more	
DECLARATION		
I/We declare the foregoing pa	rticulars are true in every respect.	
X	V	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:





1 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Others

Tel No: 65470000

Report No. T/20220614/7033

# REPORT OF A TRAFFIC ACCIDENT

Date/Time 14/06/2022	and the same of th	/lade:	Vide Report No.:		Station Diary No.:
Informant	's Partic	ulars			
Name of In TAN WAN			Address: 20 TELOK BLANG 090020	GAH CRESCENT #04-	68 SINGAPORE
ID Type / I NRIC NO /		62J	Contact No.: Home/Office:	Mobile:	97129872
Nationality: MALAYSIAN		Email: CHRISTALTANWL@GMAIL.COM			
Sex: Female	Age: 42	Date of Birth: 08/10/1979	Type of Informant: Driver		
Race: Chinese		Language: English	Institutio	on / School Name:	
Occupation PRIVATE			Driving Licence In Class:	formation: Date of	Expiry:
General Int	formatio	on of the Accident			
Type of		Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location Straight Road

Accident:	Others	No No	14/06/2022 12:05	- Ctraigin Hoad
Location:				
TELOK BLANC	GAH CRESCENT			
Weather: Clear		Road Surface:	R	load Speed Limit:
Traffic Flow:		Traffic Control:	Т	raffic Volume:
Type of Collision Between Movi		Swipe - Same Direction	а	Inyone conveyed by mbulance:

Drive:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBE9779C	Lorry					0
SNC4689E	Car	ТОУОТА	YARIS CROSS 1.5X B AUTO	White		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20220614/7033

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

#### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC4689E	NTUC Income Insurance Co-Operative Limited	5124262821	22/10/2021	21/10/2022

<b>Details of Perso</b>	n Involved				
Any Pedestrian In	nvolved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	TAN WAN LEE		ID No.	S7973562J	
Related Vehicle	SNC4689E (Car)		Contact N	No. 97129872	
Hospital/Clinic	SIN MIN CLINIC		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	14/06/2022 Date		N	IL	
No. of Days gran	Degree o	f S	erious		

## Brief Details.

ON 14/06/2022 AT ABOUT 1205 HOURS AT ALONG THE DRIVEWAY BETWEEN BLK 15 AND BLK 17A TELOK BLANGAH CRESCENT. I WAS TRAVELLING STRAIGHT AT ALONG THE DRIVEWAY AND SUDDENLY A VEHICLE (B) FROM MY LEFT EXITED OUT FROM THE LOADING AND UNLOADING BAY WITHOUT CAUTIOUS AND WITHOUT CHECKING HIS BLINDSPOT AND HIT ONTO THE LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 PASSENGER ONBOARD MY VEHICLE.

I WENT TO SEE A DOCTOR AFTER THE ACCIDENT AND WAS GIVEN 07 DAYS MC FOR MY INJURY.

- (A) SNC4689E
- (B) GBE9779C





/20220614/7033

3 of 3

Report No. T/20220614/7033

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

### CONTINUATION OF REPORT

01 -1-1-	DI
Sketch	Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2022 15:33	
Officer In Charge Of Case:	Classification Of Case:	

TP / TPIB /

Contact No.: 65476219

MUHAMMAD NOOR BIN ABDUL RAHMAN