ASS. REC. BY: REF: ASM/ 2	2005888 1kg
Kenneth	SIGNMENT
From: Date:	Veh No: SUV 5867 Yr Regn: 1
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD VIP WS I TP RES I OD RES I EVA I INV I MY	Y
To Inspect Vehicle No:	Make: Mit Outlande cc
at Workshop m/s R C	Colour M. Cray AC: Insured / Std / NI / NA
of	Sp.Reading 578/16 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CANO: JMYXTGF 3WJ 7 BOLLOO
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: Nii / S/Rim / STD/A/Rim or
	Tyre Size: F: 225/55RIS
(Policy Condition)	R;
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	DEST. D
GIA / PR Seen: Consistent?: Yes or No	UBal. Rose mm
Est. Repairs: OP days Res.: Yes or No	DOA 26/6/20
Lum Sum: /-B. / % 3 Val: Vac as Na	D.O.I. 22/6/202 Survey held at
CA / DEC.	
Vehicle: IN COUT	Des. of Damages: Frt / Rear?   O/S / N/S / U/C / Rooftop or
Person Contacted:	The U/C / Chasele frame / D. J. C.
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
22/6 Est not ready whatle to check the of Registration from UTA.	
20/07/22	
Inal fig: \$3227.40 and 4 da	ys
(red, \$808.60, 20%)	
Cote/Time, File Pass to? : Prell. Report Days	s Of Repair: 4
10/00/22	
Cuta/Time, File Return to?	urvey No. of Trip: 2 Survey Fee:
7) Add Fee:	Transporta621:
Add Fee:	: Site Insp (\$) s - RSSI
<u> </u>	: Interview (\$ ) Fartys
Report Format: tp-asm	Tech Invs (\$ ) Others
.ump Sum / I.B.I: (\$ 3227.40	Weekend (\$
	10TAL



## 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.

2. This norm 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 of international provided must be as truthin and accurate as possession of 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.

The Issue and acceptance of this Form by insurance companies is not at assumption.
 Any false reporting may be referred to the Police for Investigation.
 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.
 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

21/06/2022 11:47 (SGT) 20/06/2022 09:55 (SGT) PIE, Singapore PIE before turn left to BKE (Dairy Farm) Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLV586T

INSURED/POLICYHOLDER

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

No Nur Surya Binte Mohamed Ambiah S8015480A sofyaqystina@hotmail.com (Phone) +65-92711900 (Home) +65-92711900

**VEHICLE PARTICULARS** 

Manufacturer Model 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? Vehicle Category Transmission CC

Mitsubishi Outlander

Private use

No - Claiming third party Private car Auto 2400

**INSURANCE COMPANY** 

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

NTUC Income Insurance Co-operative Ltd Comprehensive No 5124021384

DRIVER

Name of Driver NRIC No

Hiruan Bin Ahnad S8015480A



touch

1. Hease 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 widul insternation or withholding of material facts management in 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 GW Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and the surers of the GW 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 ledgement 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 aformald. 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 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 at insurer(s) who have resulted such Personal Information") and disclose and transfer such Personal Information to at insurer(s) who have ensured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved (at insurer(s) who have insured vehicle(s) involved (at insurer(s) who have i collectively referred to as the "Insurers"), the insurers' law yers/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 (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. (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, (collectively the "Purposes") 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel & Time Time Sketch Plan

Add Look