ItEF:	COMPANY PROTEIN
ASS. FEG. BV:	SSIGNMENT
From: Date:	Veh No: 5MW9670G. Yr Regn: 2020, Rec
Estimated Cost:	Type: M.Car/ 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: Make: C.C 1598
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading 29882 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: ICMHILN41ETMU093486.
Claims No.	Gen. Cond Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Iporder 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: 205/55 R16-
(Policy Condition)	R: 205/35R16.
	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO OF Harkook.
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 36 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 23/06/22
Lum Sum: % 3 Val.: Yes or No	Survey held at J-Mart.
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / 0	Ashari Can II XXA and I CASC STORES CONTROL CO
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time   Action / Instruction	
712 AlG.	EDICOLER PREJUDICE
MV:	
Nett:	
1,1511 ,	
	intel y
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add	Fee:   : Site Insp (\$)s+Rssi
	: Interview (\$ ) Photos
Export Format :	:Tech. Invs (\$ ) Others

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SJ0B226M0002 / Jin Auto Services Pte Ltd ENTRY DATE & TIME: 22/06/2022 12:55 (SGT) SUBMITTED BY: Foong Sau Wah VERSION: 1 (22/06/2022 12:55 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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

22/06/2022 12:55 (SGT) 21/06/2022 07:40 (SGT) Singapore SLE TOWARDS BKE Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMW9670G

#### INSURED/POLICYHOLDER

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

No LEE JUN KANG S9006504A koseiwind@gmail.com (Phone) +65-83830273 (Home) +65-83830273

#### VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

Hyundai Avante

1598

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

Private use

No - Claiming third party Private car Auto

#### INSURANCE COMPANY

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

Etiqa Insurance Pte Ltd Comprehensive

MA017091

### DRIVER

Name of Driver NRIC No

LEE JUN KANG S9006504A



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

03/03/1990 Indoor 20/10/2011

10 YEARS AND 8 MONTHS

Male

(Phone) +65-83830273 (Home) +65-83830273 koseiwind@gmail.com

33 SEMBAWANG CRESCENT #05-26

756984

Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

Clear Dry

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?

No

No

Yes

No

Yes

2

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

FRONT CAR STOPPED, SO I FOLLOWED SUIT BUT VEH B FAILED TO BRAKE IN TIME HIT ONTO MY VEH REAR PORTION.

ATTACHMENT(S)

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

Yes Yes

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

NRIC No

ET4A

Private car LIM YIANG SEE S1505554E

(Phone) +65-96868688

Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) 2

PASSENGER 1

Name PASSENGER Gender Female

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person LEE JUN KANG Gender Male Phone No (Phone) +65-83830273 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained **NECK & BACK** Injured person in which vehicle? SMW9670G Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

## SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please 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.
- 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.
- 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 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 aforesald.
- 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 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' 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 invoive 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 yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Stonature / Date & Driver's Stonature (If driver is not the policyholder Time 32 06 22 12 15 pm & Time 32 06 22	r) / Date Witnessed by Reporting Centre Personnel
Sketch Plan	
	DOA: 216/22
	A: 5mW 96706
SLE	8: ET 4A

Describe Circumstances of the Accident

3 foiled to brake

rear portion

Front our stopped so I followed suit but uch

time

hit only my veh

Declaration	
eciaration	
We declare the foregoing particulars are true in every respect.	
	the clair
you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby nust be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.	JR
IN IN ang.	
Policyholder's Signature / Cate & Driver's Signature (F driver is not the policyholder) / Date Witnessed by Reporting Ce Personnel	ntra
Policyholder's Signature / Cate & Driver's Signature (# driver is not the policyholder) / Date Witnessed by Reporting Ce	nue
ime 22 06 22 1215 pm & Time 32 06 22	