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11.		ASSI	GNMENT					
From:	Date:		Veh No:	SLJ933M	Yr Regn: 2016 / NOV			
Estimated Cost:					orry / Taxi / Prime Mover /			
	OD RES / EVA / INV / MV		Truck /	Trailer or				
o Inspect Vehicle No:			Make:	Toyola Harri	er c.c 1386			
t Workshop m/s		,	Colour		A/C: Insured / Std / NI / NA			
,			Sp.Reading	56640.	T/Radio: Insured / Std / NI / NA			
sured:		·	Eng/No:	700(0.				
olicy No.			C/No:	2 SU 6000 8	1903 *			
laims No.	***************************************		Gen. Cond: Good DFair / Poor / Burnt					
um Insured:	Excess:	-		ler / Jammed / Leaked				
(Client's Record)				der / Jammed / Leaked				
fake of Veh:			Modi: Nil/	S/Rim / STD A/Rim	or			
00108			Tyre Size:	F: 275/	55818-			
(Policy Condition)					55 R18.			
Remark: The veh had co	mmenced its	N/S O/S	BS/ DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /					
repair at the tin	ne of inspection.		TOYO / YOK	O or				
al. or Market Value:		V	Front		Rear			
DAC Accident Rport:	Consistent? : Yes or	No	R/Bal.	mm	R/Bal. 76 mm			
GIA / PR Seen:	Consistent? : Yes or	No	L/Bal. O	6 mm	L/Bal. 06 mm			
st. Repairs: 4	days Res.: Yes or	No	D.O.A.	rundal a	D.O.I. 27/06/22.			
um Sum:	% 3 Val.: Yes or	No	'Survey held a	Mode	sa. II			
CA / REV / REP. /	24 HRS		Des. of Dama	ges Frt Rear / O/S	S / N/S / U/C / Rooftop or			
		ehicle: IN / OUT			Le Otanistana effected des to selli in			
			The U/C	Chassis frame / Bo	dy Structure affected due to collision.			
Date / Time Action	/Instruction							
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PV:	April - Service							
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SM0G22600001 / MODERN AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 24/06/2022 15:42 (SGT) SUBMITTED BY: CHIN SOI SHONG GRACE VERSION: 1 (24/06/2022 15:42 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. 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.

- 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

24/06/2022 15:42 (SGT) Date of Submission Reported by Date of Accident 23/06/2022 14:30 (SGT) 3 Pasir Ris Dr 12, Singapore 519528 **Exact Location of Accident** Additional Location Information Singapore

DETAILS OF OWN VEHICLE

SLJ933M Vehicle Registration Number

INSURED/POLICYHOLDER

Country/State of Loss

No Is company? PANG HONG KIM Name Of Registered Owner SXXXX584B NRIC No SHALALA_86@HOTMAIL.COM **Email Address** (Phone) +65-91919878 Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Harrier 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

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Policy Number / Cover Note Number 5118804742

DRIVER

CC

Name of Driver NRIC No Date Of Birth Occupation

PANG HONG KIM SXXXX584B 22/03/1986 Indoor

Private use

Private car

Auto

1986

No - Claiming third party

Date Of Driving Pass 03/10/2019 Driving experience 2 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91919878 Alt. Phone Number **Email Address** SHALALA_86@HOTMAIL.COM Address BLK 630 PASIR RIS DRIVE 3 #08-370 Address complement Postcode 510830 Is the driver the policyholder? Yes 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 GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Major/Minor Rd Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS WAITING BEHIND VEHICLE B TO ENTER THE GANTRY. HE SUDDENLY REVERSED WITHOUT STOPPING EVEN I HORN AT HIM. THUS HE REVERSED AND HIT ONTO MY VEHICLE FRONT PORTION CAUSING DAMAGE TO MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes WITH OWNER Reasons for not uploading a video of the accident

DETAILS OF OTHER VEHICLE PROPERTY 1

YN9333K Vehicle Registration Number Vehicle Manufacturer Isuzu Vehicle Model Vehicle Variant Vehicle Colour Goods vehicle Vehicle Category



Name of Driver	ASLAM BIN DAING SULAIMAN
Contact Number	(Phone) +65-97515068
Address	
Address complement	
Postcode	-
Insurance Company Name	
Nature Of Damage	* T
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

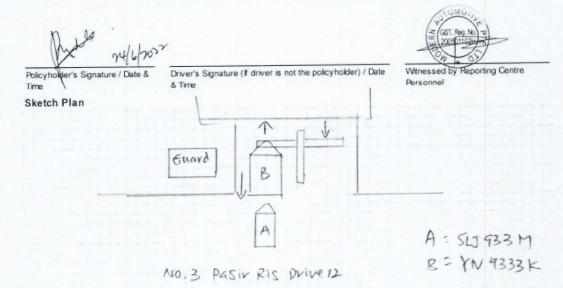
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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
- 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.
- 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.
- 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 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
- (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.



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Declaration

We declare the foregoing particulars are true in every respect.

410/20x

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

E COLUMN CONTRACTOR

Witnessed by Reporting Centre Personnel