ASSI	GNMENT
	5001120011 2018 11
rom: Date:	
stimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
D / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
o Inspect Vehicle No:	Make: Toyola Vios c.c 1496.
Workshop m/s	Colour Silves A/C: Insured / Std / NI / NA
	Sp.Reading 97476. T/Radio: Insured / Std / NI / NA
sured.	Eng/No:
olicy No.	C/No: MR2B2373601179.931
aims No.	Gen. Cond Good / Fair / Poor / Burnt
um Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
lake of Veh:	Modí: Nil /S/Rim STD A/Rim or
	Tyre Size: F: 185/60 R / S
(Policy Condition)	R: 185/60R15.
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 / YORO OF
al. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. Mm R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. L/Bal. mm
st. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 27/06/22
um Sum: % 3 Val.: Yes or No	Survey held at Kang
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S N/S / U/C / Rooftop or
Vehicle: IN / OUT	
ate: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
Chines.	
mv :	
PV:	
Nett:	
ate/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
ate/Time, File Return to?	Transportation:
4446-	e: : Site Insp (\$)_s+Rs,_s
Add Fed	
) A FREE IT GE	: Interview (\$) Pholos

SK0M226R0001 / KANG CAR REPAIRERS PTE LTD ENTRY DATE & TIME: 27/06/2022 12:35 (SGT) SUBMITTED BY: SHARON YEE VERSION: 1 (27/06/2022 12:35 (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</u> 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

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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

27/06/2022 12:35 (SGT)

Owner

24/06/2022 13:45 (SGT)

JUNCTION OF KIM CHUAN RD/UPPER PAYA LEBAR RD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMN206X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

COMFORTDELGRO DRIVING CENTRE PTE LTD

1XXXXX882C

DARYLTAN@CDC.COM.SG

(Phone) +65-90072819

VEHICLE PARTICULARS

Manufacturer

Model

Toyota Vios

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

CC

your vehicle?

Transmission

Vehicle Category

Employment

No - Claiming third party

Private car

Auto

1500

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

India International Insurance Pte Ltd D20MFL0000618-02

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

HU SHU YI SXXXX679J 30/10/1981 Indoor

PAccident report SK0M226R0001

Date Of Driving Pass 24/06/2022 0 MONTH Driving experience Female Gender (Phone) +65-82984945 Mobile Number

Alt. Phone Number

DARYLTAN@CDC.COM.SG Email Address BLK 18 LEICESTER RD #17-03 Address

Address complement Postcode

358847 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured LEARNER

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 - Head to Rear Clear Weather Conditions Road Surface Dry

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) 2 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

PASSENGER 1

NG CHEA HUAT JOHNNY Name Male Gender

DETAILS OF POLICE ACTION

Original language used in the statement

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

CIRCUMSTANCES OF ACCIDENT

ON 24 JUNE 2022 AT ABOUT 145PM, I WAS DRIVING THE CDC TRAINING CAR WITH REGISTRATION NO : SMN206X (TAG NO 624) ALONG KIM CHUAN RD AND THE WEATHER CONDITION IS CLEAR AND ROAD SURFACE IS DRY THAT TIME. WHILE I WAS DRIVING AND APPROACHING KIM CHUAN RD AND UPPER PAYA LEBAR RD, I HAD TO MAKE THE CDC STOP AT THE STOPLINE (SINGLE WHITE LINE) COMPLETELY TO ENSURE CLEAR TRAFFIC ON THE RIGHT AND PREPARE TO DRIVE OFF. BUT WITHIN A SECOND, THERE WAS SUDDENLY A LOUD BRAKING SOUND AND I FELT SOMETHING COLLIDED INTO THE REAR OF MY VEHICLE. IT WAS THE 3RD PARTY (SNE578H) .IT WA SO SUDDEN BUT LUCKILY NO ONE WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SNE578H

BMW

-

Private car NGU KIM HUAT

SXXXX353E

BLK 419 HOUGANG AVE 8 #11-944

- 20

530419

-

-

VEHICLE B

-

WITNESS DETAILS

WITNESS 1

Name

Phone

Email

NG CHEA HUAT JOHNNY (Phone) +65-91070700

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SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to spead up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Criver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material lacts 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
- 5. Any false reporting may be referred to the Police for Investigation.
- 8. 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
- (f) 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' 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/faw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 20 122 1040am

Driver's Signature (# driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident
In it June 2012 At about 145 pm, I was down the ODE tons
In it June 2012 At about 145 PM, I was driving the ope training con with 1957 that was 206x (tag no 624) along kim dryon Rd and the wearther condition is clear and road surface is clay the
and the weather condition is clear and road surface is also the
tino.
Will I was here and a war to the surface of the of
stop at the STOP LINE (Single white (me) completely to ensure
Stop at the STOP CINE (Conda white (me) conduted to an are
I clear traffic on the nell and mesers to done off. But
with a second, there was sullying a loud braker sound
with a second the self and maker to draw all But with a second there was sully a long tracky sound and left sprutting a filled rate the rear of my which. It was the 30 parts (SNES 7PH).
won the 3rd party (SNE 578H).
It was so sudden but ludely no one was by weed.
NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER
YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Declaration

We declare the foregoing particulars are true in every respect.

X (

Policyholder's Signature / Date & Time 22(6(22-1040am men

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

4

Witnessed by Reporting Centre Personnel