A	SSIGNMENT
Frote	Veh No: SKC292C . Yr Regn: 2020 , NOV
From: Date:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	
To Inspect Vehicle No:	Make: Lexus ES 300 c.c 2487
at Workshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading 44886 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: JTH B218140211-9655
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering morder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi : Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 235/45 R18 -
(Policy Condition)	R: 235/45P18.
Remark: The veh had commenced its N/S O/	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. of mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06, mn
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 07/07/22
Lum Sum: % 3 Val.: Yes or No	Survey held at Aulo Bacs.
CA I DEV I DED I 24 HDC	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / C	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
18 111	
MV :	
PV :	
Nett:	
Data (Time Dia Dage to 2	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2)	Fee: : Site Insp (\$)8 + RSSI

France Green IB B L. M.

SA1R22760004 / Autolution Industrial Pte Ltd[408623] ENTRY DATE & TIME: 06/07/2022 15:20 (SGT) SUBMITTED BY: Elmer M Alfonso VERSION: 1 (06/07/2022 15:20 (SGT))



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.

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

06/07/2022 15:20 (SGT) Date of Submission Reported by 06/07/2022 10:25 (SGT) Date of Accident **Exact Location of Accident** Boon Tat St, Singapore Additional Location Information ALONG BOON TAT STREET Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC292C

INSURED/POLICYHOLDER

Is company? No TEO HAN LEONG PETER Name Of Registered Owner SXXXX449Z NRIC No chuajoanne73@gmail.com **Email Address** (Phone) +65-94564996 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Lexus Manufacturer Es300h Model SALOON 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

Auto Transmission 2500

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AXA Insurance Pte Ltd GA558168/1

No - Claiming third party

Private use

Private car

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TEO HAN LEONG PETER SXXXX449Z 07/11/1965 Indoor

Date Of Driving Pass	30/03/1990
Driving experience	32 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94564996
Alt. Phone Number	
Email Address	chuajoanne73@gmail.com
Address	NA
Address complement	
Postcode	Version and the second
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	
T(A) Jan.	Callisian Major/Minor Pd
Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
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)	
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
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	
REFER ATTACHED STATEMENT & VIDEO	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
DETAILS OF OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SMH738J
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car

Private car

Vehicle Category Name of Driver Contact Number

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
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 Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow
- 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. insurance companies to repudiate policy liability.
- 5. Any false reporting may be referred to the Traffic Police Department for Investigation.
- 6. This report will be forwarded by the insurers to 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)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") mayfare 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 refevant 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.

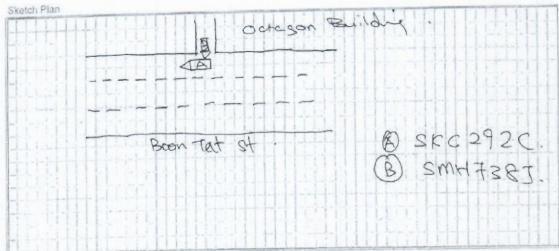
(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, mayber 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.

Policyholder's Signature

not the policyholder) / Date Oriver's Signature (dide

Witnessed by Reporting Centre Personnel (Name as in NRIGHO card)



Describe Circums	tance of the Ad	ccident							
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on a	ny ou	00 /	ane'	alone.					
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hare	Com	e n	e c/c	bour	of:	tev	The	ac	COEN
		-							

Declaration

I/We declare the foregoing particulars are true in every respect.

Pulloyholder's Signature I Dag & Tyle

Driver's Stradure (Edever's not the policyhelder) / Date

Witnessed by Reporting Centre Personnel (Name as in NRICRO card)

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