ASS	IGNMENT
From: Date:	Veh No: SJP 29894 . Yr Regn: 2009, March
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
Fo Inspect Vehicle No:	7 (11)
at Worlshop m/s	
of	102011
nsured	Eng/No:
Policy No.	C/No: MROS3ZEE10641643
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:	Modí: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 175/65 R15
(Policy Condition)	R: 195/65R15
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI /
x .	TOYO/YOKO or
Bal. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No St. Repairs: days Res.: Yes or No	L/Bal. 00 mm L/Bal. 06 mm D.O.I. 19/07/22
	MAG
Lum Sum: % 3 Val.: Yes or No	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
TP MS16.	COF Exping: 17/03/29.
·	
MV:	
Nett:	•
1,15.11 ,	
position	
Date/Time, File Pass to? Preli. Report	Days Of Repair:
Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
LISTOLLIPIO MIO MOSTILIS TO I	Transportation:
	(6
Add Fe	@: : Site Insp (\$) 8 + RS SI : Interview (\$) _ Photos

SM0Z22780003 / MODERN AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 08/07/2022 14:03 (SGT) SUBMITTED BY: CHIN SOI SHONG GRACE VERSION: 1 (08/07/2022 14:03 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

2. 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.

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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

08/07/2022 14:03 (SGT) Both 08/07/2022 09:30 (SGT) BKE, Singapore BKE TOWARDS CITY BEFORE ECO-LINK@BKE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJP2984U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

CHAN CHONG LEONG

SXXXX843B

CLCHAN82@GMAIL.COM (Phone) +65-92337318

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

Toyota

Corolla

Private use

No - Claiming third party

Private car Auto

1598

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

NTUC Income Insurance Co-operative Ltd 5108179321

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

OOI SIN YEE SXXXX043F 08/03/1983 Indoor

Accident report SM0Z22780003

Date Of Driving Pass 21/01/2021 1 YEAR AND 6 MONTHS Driving experience Gender Female (Phone) +65-81304058 Mobile Number Alt. Phone Number CLCHAN82@GMAIL.COM **Email Address** BLK 457 CHOA CHU KANG AVE 4 #14-179 Address Address complement 680457 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Chain Collision Weather Conditions Clear Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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 Original language used in the statement PASSENGER 1 NA Name Male Gender 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 DRIVING ALONG BKE TOWARDS CITY ON THE CENTRE LANE. BEFORE ECO-LINK@BKE, THERE WAS TRAFFIC JAM AHEAD. VEHICLE IN FRONT OF ME HAS STOPPED AND I FOLLOWED STOPPED. VEHICLE B BEHIND ME HAS FULLY STOPPED TOO. HOWEVER, VEHICLE C HIT ONTO VEHICLE B AND FORCED VEHICLE B TO HIT ONTO MY REAR PORTION. IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLES. ATTACHMENT(S)

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

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SFB9393A



Vehicle Manufacturer	Toyota
Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TOH BOON SIONG
Contact Number	-
Address	-
Address complement	1 0
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

ALLE STATE OF THE	0.1012100
Vehicle Registration Number	SJQ1319S
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	L R ARJUNAN
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

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 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 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.

4-7-2052

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Eco-Link@BKE A: SJP29844 B = SFB 9393 A C= SJQ 13195

I was driving along BKE towards City on the centre	
lane. Before Eco-Link & BKE, there was traffic jan	ш
alread, vehicle infrant of me has stopped an	d
I followed Stopped. Vehicle 'B' behind me has	
fully stepped too. However, vehicle 'c' hat auto ver	
B' and forced vehicle B' to hit onto my rear pout	Ten
It was a chain collision involving 3 volicles.	
	_

Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date &