	ASSIGNMENT
Tanks	Veh No: SKA 2655 L. Yr Regn: 2011, Feb.
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
o Inspect Vehicle No:	Make: Toysta Vios - c.c 1497
t Warlshan m/s	Colour Silver A/C: Insured / Std / NI / NA
	Sp.Reading 212607. T/Radio: Insured / Std / NI / NA
fasured	Eng/No:
Policy No.	C/No: MR053HY9305177855
Claims No.	Gen. Cond; Sood) 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
FIRE Floor short of the Inches	Tyre Size: F: 185/55 R15
(Policy Condition)	R: 135/55R15.
Remark: 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/YOKO OF Crucero.
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	L/Bal. 06 mm L/Bal. 06 mm
est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 15/07/22.
Lum Sum: % 3 Val.: Yes or No	Survey held at HD Perfect.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: I Date: Person Contacted;	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision
TR China.	COE Expiry: 31/01/31
Challes At Appropries	
mv:	
PV:	
Nett:	
Francis	
elete/Time, File Pass to? : Preli. Report	Days Of Repair:
eate/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
delinie, file retain w:	Transportation:
Δ.	del Ecos I I Sito Iron (S
Α.	dd Fee: Site Insp (\$)_s+Rs_s

SA18227F0002 / Abwin Service Pte Ltd ENTRY DATE & TIME: 15/07/2022 11:02 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (15/07/2022 11:02 (SGT))

SINGAPORE ACCIDENT STATEMENT

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 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

15/07/2022 11:02 (SGT) Date of Submission Reported by 14/07/2022 10:35 (SGT) Date of Accident PIE, Singapore Exact Location of Accident PIE (TUAS) AFTER ENG NEO AVE EXIT Additional Location Information

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SKA2655L Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? No CHAN SHING KWEI Name Of Registered Owner SXXXX449F NRIC No shingkwei2655@gmail.com **Email Address** (Phone) +65-91831928 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Vios Model Variant Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1497

CC

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number NTUC Income Insurance Co-operative Ltd 5102150957-03

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHAN SHING KWEI SXXXX449F 07/01/1956 Outdoor

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

14/06/1977

45 YEARS AND 1 MONTH

Female

(Phone) +65-91831928

shingkwei2655@gmail.com

BLK 220 SERANGOON AVENUE 4

#12-242 550220

Yes

No

No

Yes

No

Yes

No

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GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Chain Collision 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? 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 TO SKETCH PLAN ATTACHED.

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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number

SKT6361H

Private car

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMA699A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	s=
Address complement	- 1
Postcode	_
Insurance Company Name	r=
Nature Of Damage	- 17
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKW4620H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMS9187G
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	
Contact Number	- 1 - 1
Address	-
Address complement	
Postcode	-
Insurance Company Name	and of the second second
Nature Of Damage	- 1
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN SHING KWEI
Gender	Male
Phone No	(Phone) +65-91831925
Address	-
Address Complement	-
Post Code	
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	SKA2655L
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 Form must be completed by the Policyholder and/or the Actual 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.
- 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 Traffic Police Department for investigation.
- 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.
- 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") 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 lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (ii) 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, 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 tawyers/taw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Timo

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

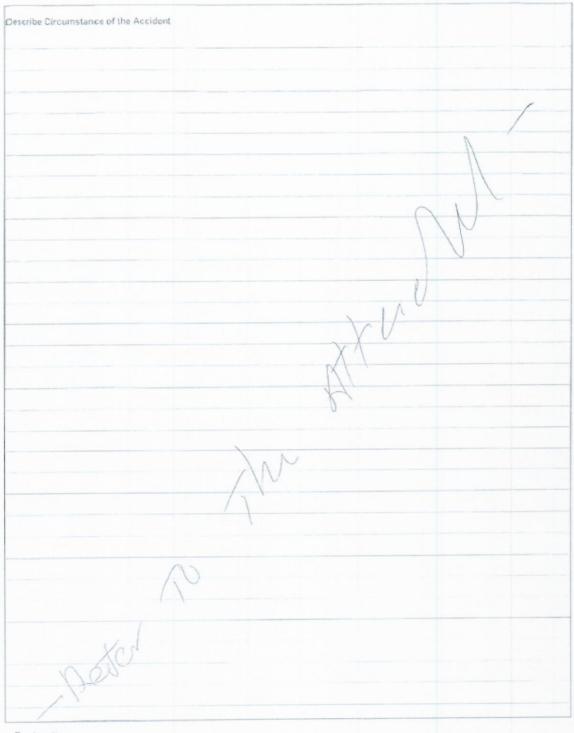
Jeh A. S. F. A. 2655L

Wh B. S. F. T. 636 I H

Jeh C. S. M. A. G. G. A.

Weh C. S. M. A. G. G. A.

Weh E: S. M. S. 9187 (7)



Declaration

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

Police officer's Signature / Date & Time

Draver's Signature of draver is not the policyholder) / Date

Ca. Reg. No. 2015/18/08/50

Wanetsee by Reporting Centre Personnel

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ON THE STATED DATE AND TIME. I, VEHICLE A (SKA2655L) WAS TRAVELLING STRAIGHT ON LANE 1 OF PIE(TUAS) AFTER ENG NEO AVENUE EXIT. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SKT6361H) THAT HAD COLLIDED ONTO MY VEHICLE.

I WISH TO STATE THAT THIS IS A 5 CARS CHAIN COLLISION.

VEHICLE A: SKA2655L

VEHICLE B: SKT6361H

VEHICLE C: SMA699A

VEHICLE D: SKW4620H

VEHICLE E: SMS9187G