ASS, FEG. BY:		
ASS	EIGNMENT	
From: Date:	Veh No: 3m76358 U Yr Regn: 2018, Oct	
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
OD / TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or	
To Inspect Vehicle No:	Make: Toyota Prado c.c 2693	
at Wo <b>r</b> lshop m/s	Colour White A/C: Insured / Std / NI / NA	
of	Sp.Reading 98261 . T/Radio: Insured / Std / NI / NA	
Insured	Eng/No:	
Policy No.	C/No: TRJ1500088312	
Claims No.	Gen. Cond: 600d / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: inorder / Jammed / Leaked / Burnt or	
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or	
	Tyre Size: F: 265/65 R17-	
(Policy Condition)	R: 265/65 R17.	
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 NYOKO or	
Bal. or Market Value:	<u>Front</u> <u>Rear</u>	
IDAC 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	
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 19/07/22,	
Lum Sum: % 3 Val.: Yes or No	Survey held at Xin Hug.	
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	The ord rollassis hame r body structure affected due to comision	
TP 111		
A CONTRACTOR OF THE CONTRACTOR		
mv :		
Nett:		
7164		
Date/Time File Dage to 2	STORY AREA TO THE TOTAL OF THE STORY	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
) Einal Report   Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:	
A -11-11 FT -	Transportation:	
) Add to	Se: Site Insp (\$ ) _ 8 + RS _ SI   Photos	
	1 10000	

SN09227I0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 18/07/2022 13:56 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (18/07/2022 13:56 (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.

- 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

18/07/2022 13:56 (SGT)

Both

15/07/2022 20:20 (SGT)

PIE, Singapore

TWDS CHANGI AIRPORT B4 CTE

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMT6358U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

No

LEE JYE

S1740997B

a6679b@gmail.com

(Phone) +65-98190309

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

CC

Toyota

Land cruiser

Private use

No - Claiming third party

Private car Auto

2693

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

FWD Singapore Pte. Ltd. PNPV2021-00004261

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

LEE JYE S1740997B 23/03/1966 Outdoor

Accident report SN09227I0002

Date Of Driving Pass Driving experience Gender

19/09/1983 38 YEARS AND 10 MONTHS Male

(Phone) +65-98190309 Mobile Number

Alt. Phone Number

**Email Address** a6679b@gmail.com 10 STIRLING ROAD Address Address complement #22-04

Postcode 148954 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 - Head to Rear 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) 3 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

PASSENGER 1

SHARON HO Name Gender Female

PASSENGER 2

SKGLER LEE Name Female 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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number	SMZ4822C
Vehicle Manufacturer	
Vehicle Model	phonormal and the second
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	•
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	- 11
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	- 1

#### 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 insurance companies to repudiate policy hability
- 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 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
- 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") 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
- (i) processing, handling and/or dealing with my claims including the sattlement of the claims and any necessary investigations relating to the claims.
- (iii) 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

onsture / Date & Time

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

Hys 18/07/12 Whoessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

A-SMT6358U B-SM 24812 C

Describe Circumstance of the Accident On the Stated dute and time, I was travelling along PIE
towards change Appared before (The on the extreme right
Tare The to the heavy truthic ahand, the from vehicle
stoned from and stopped, I tollowed suit . Suddenly I fell a
great impact from the room of my welicle A. When I glightld
2 realised it was which B failed to stop on time conving the
collision and demages to the rear pertian it my vehicle A

Declaration

I/We declare the for going particulars are true in every respect

Policyholder's Signature / Date & Time

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

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

2