ASS. RECABY: Steve 1	
From: Date:	SSIGNMENT SLT 9210D Yr Regn: 16/11/17
Estimated Cost:	Type: MCa) / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover
OD (FP) WS ITP RES I OD RES I EVA I INV I MY	Truck/Traller or
To Inspect Vehicle No:	Make: Toyota AXTO c.c 1496
et Workshop m/s	Colour Silver NC: Insured / Std / NI / NA
d	Sp.Reading 48687 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: NET65714795/
Claims No.	Gen. Cond: Good Fall / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ino(der) Jammed / Leaked / Burnit or
Make of Veh;	Modi: Nil Iskim (STD Arim or
	Tyre Size: F: 185/55/15
(Policy Condition)	. R: //
Remark: The veh had commenced its . N/S	OIS BS I DUN I EXNOVA I GY I FS I LIZA I MIC I OHTSU I PIR I SUMI I
repair at the time of inspection.	TOYOTYOKO or .
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Cutti Suna	Des. of Damages: Frt / Redr / O/S / N/S / U/C / Rooftop or
CA REV REP. 24 HRS	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	Repair raige 21K-3K
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SS2E22700006 / S & H Motor Pta Ltd ENTRY DATE & TIME: 18/07/2022 15:56 (S/GT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (18/07/2022 15:56 (S/GT))

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
 Information provided must be as butthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate.

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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 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 Singapora (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the kidgement 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 18/07/2022 15:56 (SGT)

Reported by

Date of Accident 16/07/2022 10:45 (SGT)

Exact Location of Accident Toa Payoh, Singapore Additional Location Information Toa Payoh towards PIE

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

No - Claiming third party

SLT9210D Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner Law Whye Kiat NRIC No S8618397H

kiatlaw@hotmail.com **Email Address** Mobile Phone No (Phone) +65-90624825

Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Model Axio

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 Auto

1496 CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company

DMPCSNW00253292100 Policy Number / Cover Note Number

DRIVER

Name of Driver Law Whye Kiat S8618397H NRIC No Date Of Birth 12/07/1986 Occupation Indoor

Accident report SS2E227I0006

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12/07/2007 .ig experience 15 YEARS -inder Male Mobile Number (Phone) +65-90624825 Alt. Phone Number Email Address kiatlaw@hotmail.com Address Blk 153 Lorong 2 Toa Payoh #19-606 Address complement Postcode 310153 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 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 PASSENGER 1 Name unknown Gender Male PASSENGER 2 Name unknown Gender Female PASSENGER 3 Name unknown Gender Female 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 report. ATTACHMENT(S) Are accident photos available for attachment? Yes

, Driving Pass

© Accident report SS2E227I0006

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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB3798C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle 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)

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Accident report SS2E227I0006

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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 Dilust.
- 3. Information provided must be se justiful and asserted as possible. Any wifel misrepresentation or withholding of material facts may allow insurance companies to regudiate policy liability.
- 4. The issue and acceptance of this Form by Insurance companies is not an admission of pulicy fieldity on the part of the insurance companies.
- 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 Contra 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 ledgement 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.

5. Consent under the Personal Data Protection Act (PDPA)

I understand, advocwledge, 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 processed 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' tawyers faw tirms, 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims,

(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 (a) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents fincluding their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyheider) / Date

Witnessed by Reporting Centre Porsonine Name as in NRIGIO card)

Sketch Plan

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