rom: Date:	Veh No: SLH 455 HH. Yr Regn: 2016 / NO
	Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
stimated Cost:	Truck / Trailer or
D / TP / WS / TP RES / OD RES / EVA / INV / MV	T
o Inspect Vehicle No:	ALL
Worlshop m/s	20 3
	Sp.Reading 291477. T/Radio: Insured / Std / NI / I
sured	Eng/No:
olicy No.	C/No: NS?170700923(*
laims No.	Gen. Cond: Good Fair / Poor / Burnt
um Insured: Excess:	Steering morden / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Anorder / Jammed / Leaked / Burnt or
ake of Veh:	Modi: Nil / S/Rim / STD A/Rim or
Well confirm that the agreed and the con-	Tyre Size. F: 185/60 R1S
(Policy Condition)	R: 185/62R15
emark 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 or Xexen.
al. or Market Value:	Front Rear
OAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal.
AA / PR Seen: Consistent?: Yes or No	L/Bal. 00 mm L/Bal. 06
st. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 21/07/22
um Sum: % 3 Val.: Yes or No	Survey held at Twinte NS I
A / REV / REP. / 24 HRS	Des. of Damages : Frt (Rear ) O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT late: Person Contacted:	
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to col
Tr China	pur o una sego secul a una a para-asses per nos juntados se se
-and the called a laborator to the bridge	sit which nestmed on 24 ft 22 title (durat along 1998 fte.)
Places (r Cost), Selection (Equal of Vice House)	I have a superior and the superior seed an in-
mv:	
PV;	September 1 usidad communicate med peac testinal ac-
Nett:	
(Alici pule Facility	Element den Para Para Calum
ale/Time, File Pass to? : Prell. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
1 mm - mm - m - 1 - 0	Transportation:
late/Time, File Return to?	
Add Fe	: Site Insp (\$ )s + Rssi: Interview (\$ ) Photos

SK0N227K000K / KAN FOOK SING MOTOR WORKSHOP [539147] SKUNZZ/KUUUK / KAN FOUK SING MOTOR WORK ENTRY DATE & TIME: 20/07/2022 17:17 (SGT) SUBMITTED BY: VERN NGUYEN THI HONG VAN VERSION: 1 (20/07/2022 17:17 (SGT))

# SINGAPORE ACCIDENT STATEMENT

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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.

As the issue and acceptance of this Form by insurance companies in the policy liability on the part of the insurance companies.

The issue and acceptance of this Form by insurance companies is not an admission of policy hability of the part of the formal part of the police for investigation.
 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.
 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

20/07/2022 17:17 (SGT) Date of Submission Reported by 19/07/2022 16:10 (SGT) Date of Accident **Exact Location of Accident** INFRONT OF No 7 TOH GUAN ROAD EAST Additional Location Information Singapore Country/State of Loss

## DETAILS OF OWN VEHICLE

Toyota

SLH4554H Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? OH CHEE BENG Name Of Registered Owner S7118532Z NRIC No kimbenglyn@yahoo.com **Email Address** (Phone) +65-81393475 Mobile Phone No Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

SIENTA 1.5X CVT 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 1496 CC

### INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Policy Number / Cover Note Number 5085657580-05 DRIVO CLASSIC 03.11.21-02.11.22

## DRIVER

Name of Driver OH CHEE BENG NRIC No S7118532Z Date Of Birth 30/05/1971 Occupation Outdoor

Date Of Driving Pass	26/01/2011
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81393475
Alt. Phone Number	
Email Address	kimbenglyn@yahoo.com
Address	BLK 29 TAMPINES CENTRAL 7 #04-0440 S528612
Address complement	SMSTATO INSUIDUR SMONAGRIG W
Postcode	
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	<ul> <li>Level of the control of the property of the prope</li></ul>
Does Driver Own Other Vehicles?	No No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Tomoro regionation realists of outer remote of the angle of the state	the state of the section of the sect
Insurance Company of Other Vehicle Owned by Driver	reference with opinion of increasing and state (particles and series). It
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	
Road Sullace	Dry
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)	1
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	Name Of Registered Corner
	THE RESIDENCE OF THE PARTY OF T
Original language used in the statement	Const Autor 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	
ii yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO ATTACHED REPORT	
ATTACHMENT(S)	
,	
7.11.6	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	THE FILE SIZE TOO LARGE TO UPLOAD
	SHARE LANGER STATE OF THE STATE
DETAILS OF OTHER	R VEHICLE PROPERTY 1
	per la company de la company d
Vehicle Registration Number	GBB6282D
Vehicle Registration Number  Vehicle Manufacturer	GDDVZVZD
Vehicle Colour	HO THE RESERVE THE PARTY OF THE

Commercial vehicle

Vehicle Colour

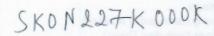
Vehicle Category Name of Driver

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

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	YQ3477C
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	•
Address complement	-
Postcode	A TOTAL PROPERTY AND ADDRESS OF THE PARTY.
Insurance Company Name	Terror terror to the
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.
- 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:
- (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, 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.

of 3 En

Policyholder's Signature / Date & Time

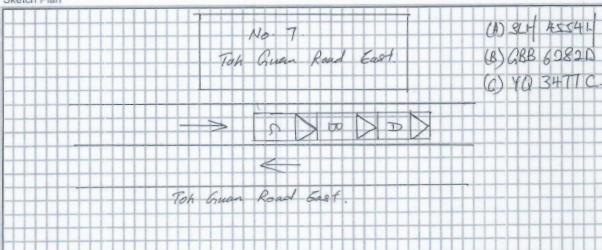
BEN

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

20/1/22

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

#### Sketch Plan



On 19 (SLH 4554 4) to traffic jam the rear. I collesson ewolving	dent	1610	, ,		
(SLH 4554 4)	in front	of. No. 7	Toh Quan	Road Es	et due
to traffic jam	ahead. Lua	Identy 1	felt a	great impa	set from
the rear. I	got down	and found	id )	has a ch	arn
Collisson inselving	V > VCACCIES				

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

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