| ASS, SEG. BY: | CITACININATINITI |
|--|--|
| <u>A5</u> | SIGNMENT |
| From: Date: | Veh No: S1X 3029 E Yr Regn: 2018 / Mardi. |
| 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 Sierta. c.c 1496 |
| at Worlshop m/s | Colour Scoun A/C: Insured / Std / NI / NA |
| of | Sp.Reading 86983 T/Radio: Insured / Std / NI / NA |
| Insured | Eng/No: |
| Policy No. | C/No: MH F Z 28 H 3600051859 |
| Claims No. | Gen. Cond Good / Fair / Poor / Burnt |
| Sum Insured: Excess: | Steering: norder / Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: norder/Jammed / Leaked / Burnt or |
| Make of Veh: | Modí: Nil (S/Rim / STD A/Rim or |
| | Tyre Size: F: 195, 50 R16 |
| (Policy Condition) | R: 195/50R16 |
| Remark The veh had commenced its N/S O/S | BOT BOTT EXTOVATOR TO THE TOTAL CONTROL OF THE TOTAL CONTROL |
| repair at the time of inspection. | TOYO YOKO OF |
| Bal. or Market Value: | Front Rear |
| 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 mm |
| Est. Repairs: days Res.: Yes or No | D.O.A. D.O.I. 26 07/22 |
| Lum Sum: % 3 Val.: Yes or No | Survey held at |
| CA / REV / REP. / 24 HRS | Des. of Damages : Frt Rear O/S / N/S / U/C / Rooftop or |
| Vehicle: IN / O Date: Person Contacted: | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction | The type of the total of the type of type of the type of t |
| TP INC. | |
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| mv : | |
| Nett: | |
| 7,10.1 | 17 2.00 |
| | |
| Date/Time, File Pass to? | 2 |
| · · · · · · · · · · · · · · · · · · · | Days Of Repair: |
| 1) : Final Report Date/Time, File Return to? | Resurvey No. of Trip: Survey Fee: |
| 2) As else # F | 17.50 20.000 |
| AMERICAN PARTIES IN THE PARTIES AND ADMINISTRATION OF THE PARTIES AND ADMI | |
| × | STATES AND CO. STATES STATES |

SA18227P0004 / Abwin Service Pte Ltd ENTRY DATE & TIME: 25/07/2022 11:11 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (25/07/2022 11:11 (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.

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 25/07/2022 11:11 (SGT) Reported by Both 22/07/2022 19:30 (SGT) Date of Accident **Exact Location of Accident** Boundary Rd, Singapore Additional Location Information ALONG BOUNDARY ROAD TOWARDS SERANGOON AVE 2 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SLX3029E Vehicle Registration Number INSURED/POLICYHOLDER Is company? No

Name Of Registered Owner SITI KHALIJAH BINTE ABDUL AZIZ NRIC No SXXXX108A KHALIJAH3029@GMAIL.COM **Email Address** Mobile Phone No (Phone) +65-96743474 Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Toyota Model Sienta 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

Private use

No - Claiming third party

Private car Auto 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5127905976

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SITI KHALIJAH BINTE ABDUL AZIZ SXXXX108A 13/01/1985 Indoor

Date Of Driving Pass 17/03/2009 13 YEARS AND 4 MONTHS Driving experience Gender Female Mobile Number (Phone) +65-96743474 Alt. Phone Number Email Address KHALIJAH3029@GMAIL.COM Address 41 CHAI CHEE STREET Address complement 12-14 461041 Postcode 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? Yes Was any injured conveyed to hospital by ambulance? No 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 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 PLEASE REFER TO SKETCH PLAN ATTACHED ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

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

SMC1265B

WC1265B

Private 1

SMC1265B

Private 2

SMC1265B

SMC126B

-

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

INJURED PERSONS DETAILS

INJURED 1

| Name of injured person | SITI KHALIJAH BINTE ABDUL AZIZ |
|---|--------------------------------|
| Gender | Female |
| Phone No | (Phone) +65-96743474 |
| Address | 41 CHAI CHEE STREET |
| Address Complement | 12-14 |
| Post Code | 461041 |
| Approximate Age Years Old | 37 |
| Injuries Sustained | (B) |
| Injured person in which vehicle? | SLX3029E |
| 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
- 3 Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 6. 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)

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' 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

Policyholdens Signature / Date & Time

Onver's Signature of ceiver is not the policyholder) / D.

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

Sketch Plan

Ushade B: SIMC DESB.

Along Country Ad Ends Deagner are 2

| cribe Circumstance of the Accident | |
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| | J. AVIL. |
| eclaration | (Co. Rep. No.) |
| Veldeclare the foregoing particulars are true in every respect. | * |
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| A M | (|
| The state of the state of the Division of the particle of the | M Ha Reporting Create Personnel |

On 22.07.2022 at about 19:32 hours at Boundary RD towards Serangoon ave 2 . I was travelling on lane 2 and due to front vehicle stopped , I following suit.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised vehicle (B) collided onto the rear portion of my vehicle (A).

Vehicle (A): SLX 3029 E

Vehicle (B): SMC 1265 B



Halyh