

REF:

\_\_\_\_\_

Veh No: SLD 33984. Yr Regn: 2016 / March.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vellfire C.C 2494.

Colour Black A/C: Insured / Std / Ni / NA

Sp. Reading 235531 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTNGF3DH908\*004365

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 245/50R18

R: 045/50R18'

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO/YOKO or Habilead.

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 27/07/22

Survey held at JL Refect

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$) \_\_\_\_\_  
☐ : Interview (\$) \_\_\_\_\_  
☐ : Tech. Inve (\$) \_\_\_\_\_

Transportation:

$$S + RS, \quad S$$

Photos

China



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 26/7/22	Time: 14:00hrs	(hh:mm) 24 hr format
Location 99 Dunbar Walk		
Vehicle Number SL03398U		
Insured Name Asia car leasing Pte Ltd		
NRIC/FIN 201437397C	Contact Number 8183 4993	
Make Toyota	Model Vellfire	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting		
Insurance Company AIG		
Type of Policy ( ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number SL03398U		
Name of Driver Zul Kiffi Bin Anwa		( ) Same as Insured
NRIC/FIN S1646508I		
Date of Birth 16/4/1964		Contact Number 9192 7524
Driving Pass Date 17/11/1990		
Occupation ( ) Indoor ( <input checked="" type="checkbox"/> ) Outdoor		
Gender ( <input checked="" type="checkbox"/> ) Male ( ) Female		
Email Address abc6627e@gmail.com		( ) NO EMAIL
Address of Driver B1K 651 Pasir Ris Drive 10 #04-58 (S) 510651		
Was driver an employee of the Insured's Company? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If No, Relationship of the Driver with the Insured H/c		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Others		
Road Surface ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was anybody injured in the accident? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
If yes, injured detail		
Was there any video captured by Car Camera? ( ) Yes ( <input checked="" type="checkbox"/> ) No		
Was the Accident reported to the Police? ( ) Yes ( <input checked="" type="checkbox"/> ) No If yes attach police report		
POLICE REPORT No		
Veh B YN8423R		
Veh C		
Veh D		
Veh E		
Veh F		

\* Driver only

## 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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 Police for investigation.
6. The 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.
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.

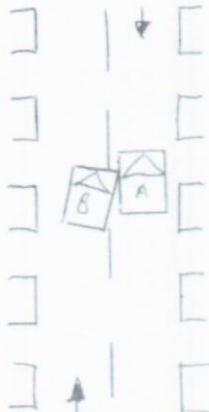


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



VEH A: SLD 3398U  
VEH B: YN 8423R



Describe Circumstances of the Accident

Handwritten notes in the accident description box:

- Refer
- GO
- The
- Attendant

Declaration

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



Policyholder's Signature / Date & Time

Handwritten signature of the driver.

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

Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SLD3398U) WAS TRAVELLING STRAIGHT ON DUNBAR WALK TOWARDS COLDSTREAM AVENUE. THERE'S A LORRY (YN8423R) STATIONARY IN FRONT, THEREFORE I CHECK OPPOSITE LANE IF IS CLEAR. I PROCEED TO GO BY THE OPPOSITE LANE AFTER I CHECK WAS CLEARED, AFTER I PASSED BY VEHICLE B (YN8423R) SUDDENLY I FELT A HUGE IMPACT FROM THE FRONT LEFT PORTION OF MY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT VEHICLE B (YN8423R) CUT OUT AND COLLIDED ONTO MY VEHICLE.

**VEHICLE A : SLD3398U**

**VEHICLE B : YN8423R**



A handwritten signature in blue ink, appearing to be "J. Lee".