ASS. RECABY: STEVE (S3/CT)	27001241/E.Y43
PRS	GNMENT (MA) (MA) (MA)
Estimated Cost:	Veh No: SMN 4940F Yr Regn: 148/19
	Type: M.Ca. / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP) WS ITP RES I OD RES I EVA I INV I MV	Truck/Trailer or
To Inspect Vehicle No:	Make; Incured (Std / NI / NA
at Workshop m/s	OVO CO Transfer Insured I Std / NI / NA
of	opareauty 11701.
Insured:	Eng/No:
Policy No.	CINO: (7) 11001105
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt Steering: Inprder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorder/Jammed/Leaked/Burnt or
(Client's Record)	Modi: Nil / S(Rim / STD A/Rim or
Make of Veh:	185/606/5
	Tyre Size: F: 185/600/5
(Policy Condition)  Remark: The yeb had commenced its  N/S 0/S	R: BS / DUN / EXNOVA / GY / FS / LIZA /MIG/ OHTSU / PIR / SUMI /
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	TOYO!YOKO or
7	Front 1. Rear
Bal. or Market Value:  UDAC Accident Roort: Consistent?: Yes or No	R/Bal, W mm R/Bal, W mm
IDNO MORE THAT	UBal. // mm UBal. // mm
Dog Vos or No	D.O.A. 1/6/7/2) D.O.I. 1/6/72
2 Val. Van or No	Survey held at V-Tec
Editi Gain.	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	Real RP
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
	Repair Yonge - 3x-4K
NN-44K	Repair tome Sx 41
	U (day)
- <u>3</u>	
	· · · · · · · · · · · · · · · · · · ·
Dell Benert	Days Of Repair:
Dale/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: Survey Fee:
: Final Report	Transportation:
Date/Tyne, File Return to?  Add Fe	ee: : Site Insp (\$ )_s+Rs_s
<u>2)</u>	:Interview (\$ ) Photos
Section Company	: Tech, Invs (\$) Others
Report Formal:	:Weelend (\$
Lump Sum / LEd: (F	AAGGERATION AS
•	; tyline

,227R000J / MOVA AUTOMOTIVE PTE LTD [159722] RY DATE & TIME: 27/07/2022 17:38 (SGT) MITTED BY: Menglee RSION: 1 (27/07/2022 17:38 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1, 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

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.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the part of the Police for Investigation.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

27/07/2022 17:38 (SGT) Driver 26/07/2022 16:00 (SGT) Lor Semangka, Singapore

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMN4940H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No

Yes

**S&C WHOLESALE TRADING** 

5336660X

LCKYONG75@YAHOO.COM.SG

(Phone) +65-96220507

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Honda

Shuttle

Private use

No - Claiming third party

Private car

Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

NTUC Income Insurance Co-operative Ltd

5111757222-02

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

YONG CHIN HON S75264871 03/09/1975 Indoor

Accident report SM13227R000J

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ing Pass erience

umber ne Number

Address

355

ress complement

stcode

the driver the policyholder?

No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

NRIC No

**GBG4040Y** 

20/09/1996

#11-111

680158

No

Clear

Dry

No

No

Yes

0

No

No

No

2

25 YEARS AND 10 MONTHS

LCKYONG75@YAHOO.COM.SG

**BLK158 JALAN TECK WHYE** 

(Phone) +65-96220507

SOLE PROPRIETOR

Collided into Parked Vehicle

Commercial vehicle **CHONG MING YANG** 

S8317276B

Accident report SM13227R000J

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omplement

e Company Name
Of Damage
of property damaged in accident
of Passenger (Including Driver)

(Phone) +65-83334040 192 WESTWOOD AVE

#12-26 648151

-

-

Accident report SM13227R000J

CS CamScanner

### SKETCH PLAN

## IMPORTANT NOTICE

- ). Prease repon contextly the details of the actide to to specious she can express
- 2. This form must be completed by the Policyholder and/or the Authorise 6 Diggs
- allerments a posided reast to as trutbful and accurate as possible, buy willut references antistion of with holding of manaria. facts may office inscrance comparies to repudiate pulsey liability.
- The same and arrespondent libit forms by insurance companies is not an admission of policy libiting on the part of the insurance contoanies
- Any laise reporting may be referred to the Police for investigation.
- The report will be forwarded by the ensurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (SIA) for archeing and that copies of this report will for a fee be made available upon application by interested parties
- 7. By the leatures tof 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)

understand, arknowledge, agree and consent that:

- [at My insurer, my workshop and the General insurence Association of Singapore ("GIA") may/are permitted to collect, use, circlose and/or process my personal data/personal information set out in this (form) and any other parsonal information provided by the or passessed by my insurer (callectively the "Parsonal Information") and disclose and transfer such Personal Promistion to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured with dejs; involved in this accident shall be collectively referred to as the "Insurers"), the losurers' lawyers flaw firms, the Monetary Authority of Singspore and any relevant government agency/authority (such as the police), for the our possis)
  - (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;
  - (Filternying out and/or dealing with my distructions or responding to any enquines by me,
  - Joy 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 oring about delivery of the same as well as on the supernal cover of envelopes/moil packages); and/or
  - (v) no polying with applicable law in administering, processing mappling and/or dealing with my dains. (collectively the "Purposes"!
- (b) (it insurer(s) who have insured vehicle(s) involved in this accordance to insurers' lawyers/law from, marylare per nitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (c) any Personal Information, may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agains (Including their law yers flow firms), which may be sited outside of Singapore, for one or more of the above Purposes
- (a) my Personal Information will also be collected and used to compressions history for the purpose of fraud detection. investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
  - to a linear as and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement can government agencies as reasonably required for the purposes stated, or

with requirements under any regulations, laws or court orders.

Policylrokier's Signature Date 6 Tre

Drive 's Signature of enver sense the particulation) One 9 Time:

Reporting Coasie Furranting's Signature No tree! FRICTIN No.

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**CS** CamScanner

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ESCRIBE CIRCUMSTANCE		
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word. When	I finish my job 1.	return back, I realised
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		(2)
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