ASS	IGNMENT	
From: Date:	Veh No: SLX 7268 = Yr Regn: 2018, April	
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
o Inspect Vehicle No:	Make: Horder Shittle . c.c 1496.	
at Workshop m/s	Colour Colice A/C: Insured / Std / NI / NA	
f	Sp.Reading 8/0/3 T/Radio: Insured / Std / NI / NA	
nsured	Eng/No:	
Policy No.	C/No: 6P71201635 *	
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt	
sum Insured: Excess:	Steering: morder/ Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or	
Make of Veh:	Modí: Nil (S/Rim) STD A/Rim qr	
	Tyre Size: F: 20,5 55 RU6-	
(Policy Condition)	R: 205 55RG	
Remark The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
	TOYO/YOKO or	
Bal. or Market Value:	Front Rear	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. R/Bal. mm R/Bal. mm	
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No	L/Bal. 0 b mm L/Bal. 0 mm D.O.I. 0/08/22	
Est. Repairs: days Res.: Yes or No .um Sum: % 3 Val.: Yes or No	Tul (1)	
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
CA / REV / REP. / 24 HRS Vehicle: IN / OUT		
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision	
Date / Time Action / Instruction		
TP Allianz.	· · · · · · · · · · · · · · · · · · ·	
mv :		
PV:		
Nett:		
ate/Time, File Pass to? : Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip: Survey Fee:	
ate/Time, File Return to?	Transportation:	
Add Fe		
	: Interview (\$) Photos	
open Formet :		

SK0N227S0003 / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 28/07/2022 12:36 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (28/07/2022 12:36 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 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 28/07/2022 12:36 (SGT) Reported by Date of Accident 27/07/2022 18:30 (SGT) **Exact Location of Accident** Singapore Additional Location Information TPE TOWARDS SLE BEFORE PUNGGOL ROAD EXIT Country/State of Loss

	omgaporo
DETAILS OF	FOWN VEHICLE
Vehicle Registration Number	SLX7268E
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No FONG CHEE LUP BENDY S8036857G bben7366@gmail.com (Phone) +65-93801194 -
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 HYBRID 1.5 AUTO No - Claiming third party Private hire Auto 1496
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	NTUC Income Insurance Co-operative Ltd 5119019792-01
DRIVER	
Name of Driver NRIC No Date Of Birth	FONG CHEE LUP BENDY \$8036857G 24/11/1980

Outdoor

Date Of Driving Pass 08/07/2010 Driving experience 12 YEARS Gender Male Mobile Number (Phone) +65-93801194 Alt. Phone Number **Email Address** bben7366@gmail.com Address APT BLK 697 HOUGANG ST 61 #12-24 (S) 530697 Address complement 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 Chain Collision Weather Conditions Clear Road Surface 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) 2 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 **EVE FONG WEI FERN** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACH. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SLL8916A** Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LU YU
Contact Number	(Phone) +65-97911177
Address	-0
Address complement	-
Postcode	= a
Insurance Company Name	-
Nature Of Damage	3
Details of property damaged in accident	B
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJD4795Z
Vehicle Manufacturer	= 3
Vehicle Model	
Vehicle Variant	
Vehicle Colour	=:
Vehicle Category	Private car
Name of Driver	
Contact Number	-
Address	•
Address complement	-3
Postcode	:
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	1

SKETCH PLAN

NOTICE

use 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.

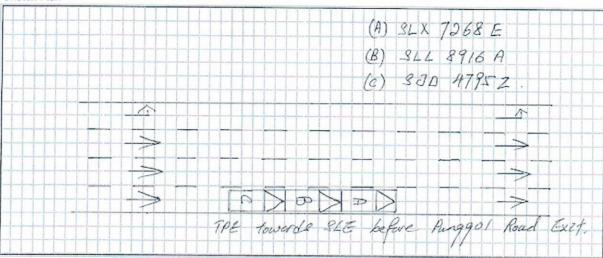
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 mailling 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 taw 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 deers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Furposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

escribe Circumstance of t	the Accident
10 1 81)	X 7968 E) also Fot devolt 812 hale Rendal Pand
verice (12)	la entrena coult lace à al 1
due to traj	the Accident 27/07/2022 at @ 1830 hrs., I was travelling in my X 7268 E) along TPE towards SLE before Runggol Road he extreme right lane. I slowed down and stopped flee jam whead. Suddenly, I felt a great impalt recore. I got down and fund it was a chase wolving 3 vehicles.
from the	recor! I got down and found it was a chain
collesson in	wolving 3 vehicles.
	1
	NO WORK
Declaration	particulars are true in every respect.

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