	ASSIGNMENT
rom: Date:	Veh No: SKTS492Uyr Regn: 2015 June
Estimated Cost:	Type: M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / T? / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
Fo Inspect Vehicle No:	1/4
at Worlshop m/s	P1
of	
nsured	Eng/No: SJNFEAJ1141*389047
Policy No.	
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inforder / Jammed / Leaked / Burnt or
Make of Veh:	Modí: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 215/60 R17
(Policy Condition)	R: 215/60R17,
Remark The veh had commenced its N/S repair at the time of inspection.	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
	TOYO/YOKO or Westlake.
Bal. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: days Res.: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
	1170
Lum Sum: % 3 Val.: Yes or No	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S N/S / U/C / Rooftop or
Vehicle: IN Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time   Action / Instruction	200
79. Alg	
5,251,0	
mv:	
PV:	
Nett:	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Ad	: Site Insp (\$)8+RSSI
	: Interview (\$ ) Photos
bepore Formet:	Tech. Invs (3 ) Others

SN0A228A0004 / NPH AUTO SERVICE ENTRY DATE & TIME: 10/08/2022 14:35 (SGT) SUBMITTED BY: NG YONG XIANG VERSION: 1 (10/08/2022 14:35 (SGT))

# **G** 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

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

10/08/2022 14:35 (SGT) Both 09/08/2022 22:40 (SGT) 10 Bayfront Ave, Singapore 018956 MBS CONVENTION HALL CARPARK Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SKT5492U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

No SOH ENG SENG S1101923D patricksohes@hotmail.com (Phone) +65-81880925

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

CC

Nissan Qashqai

1197

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

Private use

No - Claiming third party Private car Auto

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Ancident report SNICA228A0004

HL Assurance Pte Ltd MP307645

DRIVER

Name of Driver NRIC No Date Of Birth

SOH ENG SENG S1101923D 08/03/1955

Page 1 of 13

23/10/1978 **Date Of Driving Pass** 43 YEARS AND 10 MONTHS Driving experience Male Gender (Phone) +65-81880925 Mobile Number Alt. Phone Number **Email Address** patricksohes@hotmail.com APT BLK 230E TAMPINES STREET 24 #02-51 Address Address complement 528230 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 Side Swipe Type of Accident 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? 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) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 **ELAINE SOH** Name Female Gender 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 REFER TO ATTACHED SKETCH PLAN.

ATTACHMENT(S)

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

Appropriate SNOA228A0004

Yes No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

SMJ2427H

Audi

-

Vehicle Colour	
Vehicle Category	Private car
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)	

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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' law yers/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
- (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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

John 10/8/22

Policyholder's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan

MB& Convention Hall

carpark

Gantry Exit

Veh A: SET 54924

Web B : SMJ 2427 H

On the stated date and time, I was exiting the MBS
and and time, I was exiting the MBS
Convention Hall carpart Sudden Val
convention Hall carpark. Suddenly Vehicle B (SMJ24274)
and from the left and hit auto my latet
ingue from the left and hit ento my left hand pertion
of my wehicle at about 2240 hours on 9/8/22.
Try which at about 2240 hours on \$18/22
My doughter was with me in the car. There was
The state we will the car There were
in the set
no rein r

# Declaration

We declare the foregoing particulars are true in every respect

Jahr 10/8/22

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date 8 Time

h

Witnessed by Reporting Centre Personnel