KEF:	
ASS. FEO. BY:	
ASS	IGNMENT
From: Date:	Veh No: SUR8256P Yr Regn: 2017, August.
Estimaled 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: Toysla Harries c.c 1988
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA
of	Sp.Reading 107645 T/Radio: Insured / Std / NI / NA
Insured	Eng/No:
Policy No.	C/No: JTEZB3GH50J000/61
Claims No.	Gen. Cond Goody Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modí: Nil /S/Rim / STD A/Rim or
	Tyre Size: F: 235/55 R18 -
(Policy Condition)	R: 235/55R18-
Remark The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	VTOYO / YOKO or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
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. 22/08/22
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 / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	All and a college of a separabehandle at their addition
It Budget Vicert.	A STREET HIS SHEET OF TAKE CORDINGS OF THE STREET OF THE S
and basheluon	intent drust be formally expressed to us and act-
mv:	
PV:	and to Rushings and is underside-in the man
Nett:	
1 2-05-07	therwood year
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
1) Late/Time, File Return to?	Transportation:
2) Add Fe	
	:Interview (\$) Fhotos
Report Formet	Tech, trive (3) Others

SS2X228J0003 / SME MOTOR PTE LTD ENTRY DATE & TIME: 19/08/2022 10:28 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (19/08/2022 10:28 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

19/08/2022 10:28 (SGT)

18/08/2022 07:25 (SGT)

SLE, Singapore

TWDS BKE BEFORE BKE EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLR8256P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

LIM BOON HWEE

S7412803C

DENLIMBH@SINGNET.COM

(Phone) +65-93637520

VEHICLE PARTICULARS

Manufacturer

Model

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

Toyota Harrier

Private use

No - Claiming third party

Private car

Auto

1998

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Allianz Insurance Singapore Pte. Ltd. SP2000514648-01

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

Accident report SS2X228J0003

LIM BOON HWEE S7412803C 23/04/1974

Indoor

Page 1 of 12

Date Of Driving Pass 12/07/2003 Driving experience 19 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-93637520 Alt, Phone Number Email Address DENLIMBH@SINGNET.COM Address 123 PASIR RIS GROVE #06-70 Address complement Postcode 518176 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	4
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? Translator's name	No -
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

I WAS DRIVING STRAIGHT ALONG SLE TOWARDS BKE BEFORE BKE EXIT AT THE SECOND LANE OF 3 LANES. THE TRAFFIC AT THAT POINT OF TIME WAS VERY HEAVY. VEHICLES IN FRONT OF ME SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. SUDDENLY, I FELT A HUGE IMPACT FROM BEHIND. VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED MY VEHICLE TO SURGE FORWARD AND COLLIDED ONTO VEHICLE C REAR PORTION. I ALIGHTED AND REALISED THERE WERE A TOTAL 4 VEHICLES INVOLVED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

SGL1898Z
-
-
-
-

 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
 VEHICLE B

 No. Of Passenger (Including Driver)
 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SNB837B Vehicle Manufacturer Vehicle Model Vehicle Variant 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 VEHICLE C No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGZ8885R Vehicle Manufacturer Vehicle Model Vehicle Variant 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 **VEHICLE D** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

LIM BOON HWEE Name of injured person Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained **SLR8256P** Injured person in which vehicle? 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 Formmust 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 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
- 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)

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' 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 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' 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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLR 8256P B: SGL 1898Z C: SNB 837B

D: SGZ 8885R SIE Towards

BKE before BKE

Exits

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I was driving straight along SLE TOWARDS BKE before BKE Exits at the 2 nd lane of 3 lanes.
The traffic at that point of time was very heavy, vehicles infront of me slowed down and
stopped, I follow suit.
Suddenly, I felt a huge impact from behind.
Vehicle B collided into the rear portion of my vehicle and caused my vehicle to surge forward
and collided into Vehicle C rear portion.
I alighted and realised there were a total of 4 vehicles involved.
folker to the second se
DECLARATION I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: