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Searce Cost   Surf Part   Surf Page   Su	, childing	
Selfmand Obes    Configuration   Configuration	Date:	
Truck I trailer or	Estimated Cost:	_ Veh No: JNF 9894 Eyr Regn: 02,16
Make: A John Co. 1993  with which they mis with the service of the	OD // TP/WS/TP RES/OD RES/EVA/INV/MV	_   Van I Day   Down   Lorry   Tayl   Day
Insured:	To Inspect Vehicle No:	Truck/Trailer or . hspan
Insured:	at Workshop m/s R	Make: lay Alphan cc 2493
Interview   Spreading   3969   Tritadio Insured Std I NI I NA   Forth   Spreading   3969   Tritadio Insured Std I NI I NA   Forth   State   Spreading   5969   Spre		IIISUIEG / Std / NI / NA
Policy No.   Chains Record)   Fair Poor I Burnt   Chains Record)   Stending I notified   I sammed   Leaked   Burnt or   I	Insured:	
Claims No.  Sum insured:  Chance (Closer's Record)  Most of Ver:  Most of Ver:  Paramet: The veri had commenced its repair at the time of inspection.  But or Market Value:  IDAC Accident Report:  Consistent?: Yes or No.  Est. Repairs:  CA / PR Seen:  COnsistent?: Yes or No.  Lum Sum:  Date:  Person Contacted:  Vehicle: IN / OUT  Date / Time	Policy No.	Eng/No:
Sum Internate   Excess:   Colored's Record		CNO: 16H30 · COXX.539 said
Steering: Inag@a/ Jammed / Leaked / Burnt or Brake: Inag@a/ Jammed / Leaked / Burnt or Mode: Inag@a/ Jammed / Leaked / Jammed / Jam	Sum laws to	Gen. Cond: 800d / Fair / Poor / Burnt
Final: Ingrigin Jammed / Leaked/Burnt or Modi : MI I SIRIE   STORY   Survey Fee:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
Mod : NII   StRim   StRim or   STRATEIN or   Tyre State: F:   235/3/RIP		
Type Stax: F:   235/50/1/    Remark: The veh had commenced its repair at the time of inspection.   Nis OS     Bal. or Martel Value:   Siture   Si		
Remark: The web had commenced its repair at the time of inspection.  Bat or Market Value:    IDAC Accident Root:   Consistent? : Year or No     GLA / PR Seen:   Consistent? : Year or No     Est. Repairs:   O days   Res.: Year or No     Lum Sum:   Jul.   % 3 Val.: Year or No     CA / REV / REP. / 24 HRS   Des. of Danages: Frt / Rear / OIS / NIS / UIC / Rooftop or	Malan On the s	Tyre Size: 5. 235/ = 2.0
Bat or Market Value:    IDAC Accident Rport		- CSS/ SOKIF
Bat or Market Value:    IDAC Accident Rport	Remark: The veh had commenced its N/S O/S	
Date / Time   Action / Instruction   Date / Time   Date / Time   Action / Instruction   Date / Time   Date / Time / Date / Time / Date / Time / Date / D	repair at the time of inspection.	BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/
Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est Repairs: Godays Res.: Yes or No Lum Sum: Lum S	Bal. or Markel Value:	TOTO YOKO or
GIA / PR Seen: Consistent?: Yes or No  Est. Repairs: O days Res.: Yes or No  Lum Sum: 20 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction   Action / Instruction   Action / Instruction   The UIC / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction   The UIC / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction   Time / Instruction	IDAC Accident Rport: Consistent? : Voc	Tear .
Est. Repelrs:	C14 + 55 -	l 2 mm K/Ba/ 🕤
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CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction   Press to 7   Prell. Report   Days Of Repair:    Cato/Time, File Pass to 7   Prell. Report   Press to 7   Pr	Jum C. Tes or No	D.O.A. 18 18 12 2
Date: Person Contacted: Vehicle: IN / OUT.  Date: Person Contacted: Description  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  The U/C / Chassis frame / Body Structure affected due to collision.  Date/Time	2011 Sum:% 3 Val.: Yes or No	
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Date / Time   Action / Instruction   Instruction	Vehicle: IN COURT	Jos. of Darlages: Frt / Rear / O/S / N/S / U/C / Rooftop or
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A Transport	Lump Sum / I.B.I: (\$	Weekend (\$
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# SINGAPORE ACCIDENT STATEMENT

Vehicle Registration Number

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- 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 Information provided must be as truting and accurate as possible. Any wilful misrepresentation of miscoling of miscoling of the insurance companies.
   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.
   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.
   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	19/08/2022 18:03 (SGT)
Reported by	Driver
Date of Accident	E 11.1 E1.
Exact Location of Accident	18/08/2022 16:15 (SGT)
	Orchard Turn, Singapore
Additional Location Information	oronara ram, omgaporo
Country/State of Loss	-
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

SNF9894E

(Phone) +65-93670246

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No	No Hong Shieh Ming Frederick S7519729B hong.frederick@gmail.com

# VEHICLE PARTICULARS

Alternative Phone No

Manufacturer	Toyota
Model	Alphard
Variant	Alphara
Exact purpose for which vehicle was being used at time of	-
accident	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2500

# INSURANCE COMPANY

Name of Insurance Company	*:	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number		MA021305

#### DRIVER

Name of Driver		Chan Boon Inn
NRIC No	· · · · · · · · · · · · · · · · · · ·	S7518537E
Date Of Birth	or seems to the constraint management and a management and	14/06/1975
Occupation	. i omonie maniemanimanimanimanimanima	Outdoor

# SKETCH PLAN

# **IMPORTANT NOTICE**

- 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.
- This Form must be completed by the restyllation are possible. Any willul misrepresentation or withholding of material facts may allow
- 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.
- 6. 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.
- 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 purposo(s) of:
- (i) processing, handling end/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 daims;
- (iil) 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.

19/8/22

/ Date & Time

19/8/22

Driver's Signature (if driver is not the policyholder) i Date & Time

Witnessed by Reporting Centre Pe (Name as in NRICID card)

Sketch Plan