ASS. REC. BY:	22 008329/Knc
Kenneth	ASSIGNMENT
From: Date: Date:	Veh No: SIA 8607A Yr Regn: 03, 16
OD TTP WS / TP RES / OD RES / EVA / INV / MV	Type: McCar M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	11 A2
at Workshop m/s NGS	Colone Colone Colones C.C 1341
of	No. insured / Std / NI / NA
Insured:	Sp.Reading 340/7 T/Radio: Insured / Std / NI / NA Eng/No: 264931
Policy No.	
Claims No.	Gen. Cond: Good Fair / Poor / Burnt
Sum Insured: Excess:	1
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD/A/Rim or
(Policy Condition)	Tyre Size: F. Arivo 205/55R16
Remark: The veh had commenced its N/S	K. OCITICAL
repair at the time of inspection.	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal, or Market Value: & 52k	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal P Rear
GIA / PR Seen: Consistent? : Yes or No	mm R/Ba!. X mm
Est. Repairs: 21 days Res.: Yes or No	mm UBai. 7 mm
Lum Sum: 20 % 3 Val.: Yes or No	D.O.A. 3 /7/22 D.O.I. 3/8/202
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / C	OUT MES STOT
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
1 Est not redy	
39	
20.000 21	days.
119/22 Senneth informed submit	
119/22 Senneth informed submit	Lump Sum \$ 20,000 and 21 days
	(Red, 15334.50, 43%)
Date/Time, File Pass to? : Prell. Report	Days Of Repair:
1) 1922 : Final Report	Resulting No. 1571
Oute/Fime, File Return to?	Resurvey No. of Trip: 3 Survey Fee: 325+170 Transportation 50
Add Fe	e: : Site Insp (\$) _ s - Rs _ si
	Intension (S
Report Format :	Tech Invs (\$). Others 80
Lump Sum / I.B.I: (S	Weekend (\$
	TOTAL 76L
	I JUL 1

SC1R227M0005 / ComfortDelGro Engineering Pte Ltd [579701] ENTRY DATE & TIME: 22/07/2022 16:27 (SGT) SUBMITTED BY: Kelvin Su VERSION: 1 (22/07/2022 16:27 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

of the long provided must be as truining and accurate as possible. Any which inserpresentations of 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

22/07/2022 16:27 (SGT) Date of Submission Reported by Date of Accident 03/07/2022 16:55 (SGT) **Exact Location of Accident** CTE, Singapore CTE SLIP ROAD INTO PIE Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private hire

Auto

2000

No - Claiming third party

Vehicle Registration Number SLA8607A

INSURED/POLICYHOLDER

Is company? Yes ONG AUTOMOTIVE Name Of Registered Owner Company Reg No 53401601D **Email Address** ongautomotiveaccident@gmail.com Mobile Phone No (Phone) +65-98800332 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Elantra 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

CC

INSURANCE COMPANY

Transmission

Name of Insurance Company AXA Insurance Pte Ltd Policy Number / Cover Note Number P2417354

DRIVER

Name of Driver MUHAMMAD FIRHAN BIN MD.JAMIL NRIC No S7903776A Date Of Birth 06/01/1979 Occupation Indoor

Date Of Driving Pass 22/08/2008 Driving experience 13 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-94560135 Alt. Phone Number **Email Address** ongautomotiveaccident@gmail.com Address BLK810A CHOA CHU KANG AVE 7 #02-503 Address complement Postcode 681810 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 5 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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 TAN KANG WEI Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No

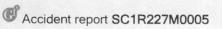
CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1



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
- 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 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 rivolve 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

Policyhokier's Signature / Date & Time

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

Wilnessed by Reporting Centre Personnel

Sketch Plan

CTE (AYE) SLP ROOM -> PIE

EDIDACHBAAD

13D SUF 72351 12D SUT 685A 10D SUA 86071

A D SFZ 1512A

COL CUI THINK

ED SK47664Y

Vehicle Registration Number	SFZ1512A
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	
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF7235U
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	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJT685A
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	
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SKG7664X
Vehicle Manufacturer	
Vehicle Model	
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	
Address	
Address complement	-
Postcode	

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SLA8607A ltyundai Elantra

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4. Remar & non radiolog etc.		\$ 100.00	5d
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8	\$	31.80	\$	589.00					\$	80.00	\$	180.00
9	\$	116.20	\$	110.70					\$	40.00	\$	50.00
10	\$	18.00	\$	262.00							\$	2,200.00
11	\$	459.40	\$	196.20							\$	2,200.00
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29	\$	23.10	\$	90.40								
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