ASS	IGNMENT
	52, 2071 QD 2017 FL
From: Date:	
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
o Inspect Vehicle No:	Make: Maredos Berz ELSO c.c 1991
at Worlshop m/s	Colour A/C: Insured / Std / NI / NA
of	Sp.Reading 7/Radio: Insured / Std / NI / NA
nsured	Eng/No:
Policy No.	C/No: WD D2130452A123199
Claims No.	Gen. Cond: Good / 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: 275/40618
(Policy Condition)	R: 275/40P18.
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.	TOYO/YOKO or
Bal. or Market Value:	Front Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 66 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. 08/09/22-
um Sum: % 3 Val.: Yes or No	Survey held at Keer Molar
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	723 N ANOT
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
1P Bridget Direct.	
MV :	
PV:	
Nett:	
rate/Time, File Pass to? Proli Ranorf	Dave Of Ponair
. I Tolk Nopoli	Days Of Repair: Resurvey No. of Trip: Survey Fee:
: Final Report	Resurvey No. of Trip: Survey Fee: Transportation:
(2) F 10 H 10 C	THE R. LAND HIGH IV
) Add Fe	: Interview (\$) Photos

SP18228V000C / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 31/08/2022 16:15 (SGT) SUBMITTED BY: Lily Lim Buay Hiang VERSION: 1 (31/08/2022 16:15 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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

31/08/2022 16:15 (SGT) Date of Submission Reported by 30/08/2022 17:17 (SGT) Date of Accident Exact Location of Accident Foch Rd, Singapore Additional Location Information EXIT JALAN BESAR Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Mercedes

SKD8768P Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? Name Of Registered Owner CHUA CHIOW LENG S7630168I NRIC No CKPNPPL@LIVE.COM.SG Email Address (Phone) +65-97665848 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

E250 Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1991

INSURANCE COMPANY

AIG Asia Pacific Insurance Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number 7210064547

DRIVER

CC

CHUA CHIOW LENG Name of Driver \$76301681 NRIC No

Gender Mobile Number	Male (Phone) +65-97665848
Alt. Phone Number	
Email Address	CKPNPPL@LIVE.COM.SG
Address	BLK 53 GEYLANG BAHRU #13-3599
Address complement	
Postcode	330053
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	No
verifice registration realization verifice owner by Divisi	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
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? 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?	No
Translator's name	
Translator's ID	
Translator's phone number	
Translator's email Original language used in the statement	
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	
REFER TO ATTACHED	DE DTE LTD 67/15226
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CAR	REPTELTD 67415556
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	SJC5013X
Vehicle Manufacturer	Honda
Vehicle Model	Stream
Vehicle Variant	
Vehicle Colour	White
Vehicle Category	Drivato cor

act Number	(Phone) +65-96653376
.dress	
Address complement	
Postcode	-
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	•
No. Of Passenger (Including Driver)	

SKETCH PLAN

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 Pollcyholder and/or the Actual Driver.
- Information provided must be as truthful and accurate as possible. Any wiful 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/faw 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 socident 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.

Policyholder & Signature / Data & Time

Oriver's Signature (if dover is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRICED card)

8 Time (Name as in Notice Co

Sketch Plan

Scanding Scott 1-1-2

Gottling Scott 1-1-2

Gottling

A . 2010	In Prilam I a diari also Tral ford
001 1 To 10	In 85.17 pm, I was diving along Forch Kand
- to Jayon	Deser. There was a long which exposed at hours brocking the view. I show down and
a Island Who	h was proceing the new, I store down and
Coming more over	of Food Road but there was a valuable
I a de l	Julin Bexer. I stopped to let the car poiss
Tuen Suadaning	There was a loud work and the peuto
William 337	5013 x (Hunda) hit to my mar. There was
NO OUR MAJU	wied in this accident.
I am clumy	my vehicle - SED8766P
	1 NW
A CONTRACTOR OF THE CONTRACTOR	
	7
claration	
e declare the foregoing perticulars	
iu wish to daim against your own; it be shade within theyslipulated fin	policy, please be advised that your insurer may have a fourteen (14) days clause where neframe from the day of occurrence. Kindly check with your insurer for more setails.
la \ As/	