	ASSIGNMENT	
	Veh No: SLW 9227R . Yr Regn: 2018 , May	-1.
From: Date:	Veh No: SCW Q 22/R . Yr Regn: 4018 / M/W Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	24
Estimated Cost:		
OD / TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or	7
To Inspect Vehicle No:	Make: loyok CHK c.c 177	
at Workshop m/s	Colour Bke · A/C: Insured / Std / NI / N	
of	Sp.Reading /530 43 - T/Radio: Insured / Std / NI / N	NΑ
nsured	Eng/No:	
Policy No.	C/No: 27x102085400	
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:	Modi: 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	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	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. Db mm R/Bal. Db	mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 96 mm L/Bal. 96	mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 15/09/22	2
% 3 Val.: Yes or No	Survey held at Xin Hna.	
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or	
Vehicle: II	V/OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to coll	lision.
Date / Time Action / Instruction		
TP Chim		
mv :		
PV:		
Nett:		
7,10-1		
Note/Time. File Pene 522		
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip: Survey Fee:	
oate/Time, File Return to?	Transportation: Icl Fag: Site Insp (\$) _8+RSSI	
	1 0 DC CI	
) , , , , , , , , , , , , , , , , , , ,	Icl Fae: Site Insp (\$)s+Rssi	

SA1G229C0002 / ALPINE MOTORS PTE LTD ENTRY DATE & TIME: 12/09/2022 16:27 (SGT) SUBMITTED BY: Mohammad Suhaimi Bin Mohd Suadi Ong VERSION: 1 (12/09/2022 16:27 (SGT))



SINGAPORE ACCIDENT STATEMENT

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
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

12/09/2022 16:27 (SGT) Date of Submission Both Reported by 11/09/2022 11:20 (SGT) Date of Accident **Exact Location of Accident** Singapore Additional Location Information 443a fajar rd Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SLW9227R Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner A.LAW TRANSPORT SERVICES Company Reg No 5XXXXX318B cblawa@gmail.com **Email Address** (Phone) +65-97673285 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota C-hr Model TOYOTA / C-HR HYBRID 1.8S CVT Variant Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category Auto Transmission 1797 CC

INSURANCE COMPANY

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

DRIVER

LAW CHEE BENG Name of Driver SXXXX901D NRIC No 11/01/1977 Date Of Birth Outdoor Occupation

Date Of Driving Pass 18/12/1996 25 YEARS AND 9 MONTHS Driving experience Gender Male Mobile Number (Phone) +65-97673285 Alt. Phone Number **Email Address** cblawa@gmail.com 276C JURONG WEST STREET 25 #05-27 SPORE 643276 Address Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured OWNER Does Driver Own Other Vehicles? 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 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 1 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

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

(Fax) +65-68965647

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Jurong Division Headquarters

(Phone) +65-18007910000

(Fax) +65-68965647

No. 2 Jurong West Avenue 5 Singapore 649482

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN/POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBE3289P
Vehicle Manufacturer Vehicle Model Vehicle Variant -



Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	

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 Policyholder and/or the Actual 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 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/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' 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 maylican 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.

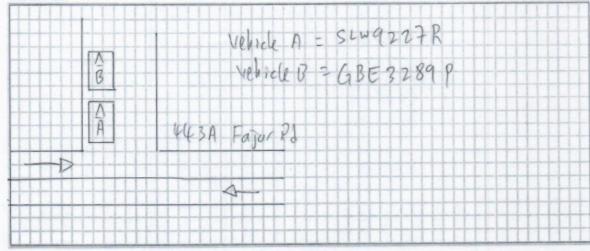
Policyholder's Signature | Date | me

Enxiv.

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

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

Sketch Plan



1

Refer To Police Report 5/20220911/7016	ibe Circumstance of t	he Accident			
				1 **	
Refer To Police Report 3/20220911/7016))			
Refer To Polia Report 3/20220911/7016					
Refer To Polixe Report 3/20220911/7016					
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Refer To Police Report 3/20220911/7016					
Refer To Police Report 3/20220911/7016					
	Refer	To Polia Re	part 5/202	20911/7016	
			(

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Policyholder's Signat

Ch. .

Witnessed Reporting Centre Personni (Name as in NRICAD card)

2



J/20220911/7016

1 of 2

Report No. J/20220911/7016

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Date/Time Report Made 11/09/2022 13:26	Vide Re	port No.		Station Diary No.
Name Of Informant LAW CHEE BENG	Address 276C JURONG WEST STREET 25 #05-27 SINGAPO		05-27 SINGAPORE	
ID Type / ID No. NRIC NO / S7701901D	Contact Home/C		Mobile: 97673285	
Nationality SINGAPORE CITIZEN	Email Address CBLAWA@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Interior designer	Male	45	11/01/1977	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 11/09/2022 11:20 - 11/09/2022 11:35	Location Of Incident Blk 443A Fajar Road at the rubbish chute area			

Brief details.

Today, 11/09/2022 around 11.20am, I (Name: Law Chee Beng NRIC: S7701901D) was sending my cousin and niece home at Blk 443A Fajar Road which I try to alight them at the rubbish chute area. As there is a private hire car in front of me, I waited for the car to reverse and get out before I went in. After I turn in, I realized that there is a lorry (GBK3289P Company: Wai Kong Engineering Services)) reversing out so I stopped my car as my car is within the vicinity and keep on pressing my horn at him. I realized that the lorry keep reversing with no intention to stop so I tried to react and reverse but was too late and the lorry bang onto the front of my car.

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 11/09/2022 13:26
Classification Of Case:





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220911/7016

We came down to reason out and he (Name: Choong Wai Kong NRIC: S7474561Z) claimed that he cannot hear my horn and that his container behind prevent him from seeing my car behind so he keep reversing. I told him that there is side mirrors which is to help him see and I have been pressing the horn non-stop in which one of the resident staying at Blk443A said that he could hear the horn loud and clear upstairs when he walk past the area.

I have taken some photo and the IC for record purposes.

Victim			
Person Name	LAW CHEE BENG		
ID Type	NRIC NO	ID No	S7701901D
Gender	Male	Age	45
Race	Chinese	Language	English
Occupation	Interior designer	Address	276C JURONG WEST STREET
			25 #05-27 SINGAPORE 643276
Mobile No	97673285	Is Informant A	Yes
	W. C.	Victim?	
Person Name	LAW CHEE BENG (Infor	mant)	

Signature Of Officer Recording The Report:	Signature Of Informant:	
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2022 13:26	
Officer In-Charge Of Case:	Classification Of Case:	