ALS. FEG. BY: ASSIGNMENT 5KP8208 Byr Regn: 2020, Jan. Veh No: Date: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: Make: Insured / Std / NI / NA at Workshop m/s Colour T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: insured: MMBSTA13AKH 602611 C/No: Policy No. Gen. Cond Good PFair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Sum Insured: Excess: Brake: /inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / S/Rim / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) N/S O/S Remark: The veh had commenced its BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. Bal. or Market Value: Rear Front R/Bal. Consistent?: Yes or No R/Bal. IDAC Accident Rport: L/Bal. GIA / PR Seen: Consistent?: Yes or No mm D.O.A. D.O.I. Res.: Yes or No days Est. Repairs: 3 Val.: Yes or No Lum Sum: Survey held at Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Brocert Direc MY: Nett: Date/Time, File Pass to? : Preli. Report Days Of Repair: Resurvey No. of Trip: Survey Fee: **Final Report** Date/Time, File Return to? Transportation: Add Fee: : Site Insp _S + RS,___SI Interview (\$ Photos Tech. Inve 12 Proport Formet: Chiere

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SJ0E229O0003 / Jin Auto Services Pte Ltd ENTRY DATE & TIME: 24/09/2022 13:52 (SGT) SUBMITTED BY: Lim Hong Guo VERSION: 1 (24/09/2022 13:52 (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.

- 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

24/09/2022 13:52 (SGT)

Driver

23/09/2022 20:30 (SGT)

Singapore

PUNGGOL LINK (SEMBAWANG WALK)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKP8208B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address**

Mobile Phone No

Alternative Phone No

Yes

SEOW KHIM POLYTHELENE CO PTE LTD

1XXXXX593E

aliceboon@skp.com.sg (Phone) +65-93685262

VEHICLE PARTICULARS

Manufacturer

Model

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 Transmission

CC

Mitsubishi

Attrage

1.2 CVT

Employment

No - Claiming third party

Private car

Auto

1193

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00003822201

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

CHUA HONG KIN SXXXX779D 22/07/1965

Indoor

Accident report SJ0E229O0003

Page 1 of 17

Date Of Driving Pass 13/10/1988 33 YEARS AND 11 MONTHS Driving experience Female Gender (Phone) +65-93685262 Mobile Number Alt. Phone Number **Email Address** aliceboon@skp.com.sg BLK 637D PUNGGOL DRIVE #15-385 Address Address complement 824637 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 Collision - Head to Rear Type of Accident 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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 PASSENGER 1 OH ZHI GANG Name Male Gender 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 Stopped stationary due to the traffic light was red. Suddenly my veh rear portion being collided by veh B

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

SMD300J Vehicle Registration Number 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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHUA HONG KIN
Gender	Female
Phone No	-
Address	
Address Complement	-
Post Code	*
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SKP8208B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
NUMBER O	

INJURED 2

OH ZHI GANG Male
Walc
-
•
- 12 5 1 1
-
-
-
SKP8208B
Yes
No

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 <u>Inthful</u> 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 aforesald.
- 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, involces, 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.

Policyholder's Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

talt Guo

Sketch Plan

DCA 23 (9) 27

A: SKP 8208 0

S: SMD 3207

Punggol

Link

Sign (Sumang Nott)

1

stupped station	ident any dise	to the	traffic	light wa	0
ed, suddenly	my veh	reco po	then be	ng collide	d
y kh B					
1-2-11-1					
Declaration					

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



Policyholder's Signature / Date & Time

10 mg

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

Houthour

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

2