	ASSIGNMENT	ES GOS STANTES	
From: Date:	Veh No: SNA 8061	A Yr Regn: 2021, July	
Estimated Cost:	Type: M.Car ) M.Cycle / Bus / Van / L		
OD / TP /WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	PASSO MALO BOTOM	
To Inspect Vehicle No:		s c.c 1598	
at Workshop m/s	Colour ashile	A/C: Insured / Std / NI / NA	
of	Sp.Reading 736 40	T/Radio: Insured / Std / NI / NA	
Insured:	Eng/No:	mountain out [ [ ] [ ]	
Policy No.		00D2P+3R=201620/	
Claims No.	Gen. Cond: Good ) Fair / Poor / Burr		
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	
		145R17	
(Policy Condition)	R: 225		
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA	10	
repair at the time of inspection.	TOYO/YOKO or	, miles of the first section .	
Bal. or Market Value:	Front	Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm	R/Bal. Ob mr	
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm		
Est. Repairs: days Res.: Yes or No	D.O.A.	D.O.I. 27/09/22	
Lum Sum: % 3 Val.: Yes or No	Survey held at	G Soliting.	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S	N/S / U/C / Rooftop or	
Vehicle: IN			
Date:Person Contacted:	The U/C / Chassis frame / Bo	dy Structure affected due to collision	
Date / Time   Action / Instruction	F		
LT INC			
54.524 3 Heli ed.829 80.52414 no 120 m*		,	
m∨ :			
PV:			
Nett:			
the latest terms of the control of t	ment with a colorage of particle specified in the color of application in these partial provides of the circumstant	a professional selection of profession of page	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:		
: Final Report		Cunion Eco:	
1) Final Report Date/Time, File Return to?	Resurvey No. of Trip:	Survey Fee: Transportation:	
	Fee: Site Insp (\$	)3 ÷RSSI	
	: Interview (\$	) Photos	

SS2X228T000D / SME MOTOR PTE LTD ENTRY DATE & TIME: 29/08/2022 15:48 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (29/08/2022 15:48 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process

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**

Date of Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

29/08/2022 15:48 (SGT) Both 26/08/2022 21:30 (SGT) Woodlands, Singapore DROP OFF POINT OF WOODLANDS TRAIN CHECKPOINT

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SNA8061A

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No PHONG JOO HIN S1530737D JOHNNYPHONG.PJ@GMAIL.COM (Phone) +65-96637573

#### VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Private hire

Tovota

**ALTIS** 

No - Claiming third party Private car Auto 1600

### INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number NTUC Income Insurance Co-operative Ltd 5122862805-01

#### DRIVER

Name of Driver NRIC No Date Of Birth Occupation

PHONG JOO HIN S1530737D 14/03/1962 Outdoor

26/04/1999 Date Of Driving Pass 23 YEARS AND 4 MONTHS Driving experience Gender (Phone) +65-96637573 Mobile Number Alt. Phone Number **Email Address** JOHNNYPHONG.PJ@GMAIL.COM BLK 138 BUKIT BATOK WEST AVE 6 #12-397 Address Address complement 650138 Postcode 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 Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Side Swipe 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? No Was any injured conveyed to hospital by ambulance? 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 UNKNOWN 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

ON 26/08/2022 AT 2130HRS, AT ALONG THE DROP OFF POINT OF WOODLANDS TRAIN CHECKPOINT. I WAS TRAVELLING ON THE DRIVEWAY OF WOODLANDS TRAIN CHECKPOINT AND SUDDENLY, A VEHICLE B WHO WAS QUEUING AT THE LEFT MADE AN ABRUPT LANE CHANGE AND HIT ONTO THE LEFT PORTION OF MY VEHICLE A, CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER ONBOARD MY VEHICLE.

#### ATTACHMENT(S)

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

Yes No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMR2054H



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	VEHICLE B
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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
- Any false reporting may be referred to the Police for investigation.
- 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
- By the lodgment 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (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"
- 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name

Date & Time I hereby authorise SME Motor Pte Ltd to send my Accident report to my workshop

via email / fax Signature:

DROP OFF POINT OF SKETCH PLAN WOODLANDS TRAIN CHECKPOINT. (A) SNA 8061A (B) SMR 2054H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26(08/2022 at 2130hrs at along the drop off Woodlands Train Cheekpoint. I was travelling on the driverway of woodlands Train Checkpoint and Suddenly, a relicie (B) who was guening at the made a adrupt lane change and hit outo the my vehicle (A) causing damages to have I passenger suboard my vehicle. vehicle (A) SNA 8061A (B) SMR JOSAH

Note. Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under

your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature Date & Time:

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature NRIC/FIN No.