	ASSIGNMENT
From: Date:	Smf(asix Jan 10
From: Date: Estimated Cost:	Veh No: SmJ6956X Yr Regn: 2017 / Ap Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP /WS / TP RES / OD RES / EVA / INV / MV	and the second s
To Insped Vehicle No:	Truck / Trailer or
	Make: Honda Mobilio c.c 149
at Workshop m/s	Colour While A/C: Insured / Std / NI / N
of	Sp.Reading 1044(7. T/Radio: Insured / Std / NI / N
insured:	Eng/No:
Policy No.	C/No: MRHDD48706.P000464
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: norder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: morder / Jammed / Leaked / Burnt or
Make of Veh:	Modí: Nil (S/Rim) STD A/Rim or
(Dellieu Condition)	Tyre Size: F: 185/65 R15
(Policy Condition)  Remark: The veh had commenced its  N/S	R: 185/65/15.
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:	Tend of the second of the seco
DAC Accident Rport: Consistent? : Yes or No	<u>Front</u>
GIA / PR Seen: Consistent?: Yes or No	L/Roll Of
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 27/29/22
Lum Sum: % 3 Val.: Yes or No	Survey held at Xin Hug-
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle:	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collise
Date / Time   Action / Instruction	,
TP INC.	
mv:	
PV:	
Nett:	
oate/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
) Да	dd Fee: :Site Insp (\$ )s+Rssi
	: Interview (\$- ) Photos
Coport Formest:	: Teor, Invo (3 ) Others

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SA1S229K0001-01 / Automobile Integrated Management Pte Ltd ENTRY DATE & TIME: 20/09/2022 10:58 (SGT) SUBMITTED BY: Michelle Tan VERSION: 2 (26/09/2022 12:09 (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
- 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 20/09/2022 10:58 (SGT) Reported by Both Date of Accident 18/09/2022 12:36 (SGT) Exact Location of Accident Singapore

ALONG UPPER CHANGI ROAD EAST TOWARDS EXPO Additional Location Information

Singapore

Private use

No - Claiming third party

### DETAILS OF OWN VEHICLE

SMJ6956X Vehicle Registration Number

INSURED/POLICYHOLDER

Country/State of Loss

No Is company? **CHUN SENG HUAT** Name Of Registered Owner

SXXXX625J NRIC No eric.chua2137@gmail.com **Email Address** 

Mobile Phone No (Phone) +65-91522806

Alternative Phone No

VEHICLE PARTICULARS

Honda Manufacturer Mobilio 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?

Private car Vehicle Category Auto Transmission

1498 CC

INSURANCE COMPANY

Allianz Insurance Singapore Pte. Ltd. Name of Insurance Company Policy Number / Cover Note Number

DRIVER

**CHUN SENG HUAT** Name of Driver SXXXX625J NRIC No 16/03/1966 Date Of Birth Indoor Occupation

Accident report SA1S229K0001

Date Of Driving Pass 17/11/1988 Driving experience 33 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91522806 Alt. Phone Number **Email Address** eric.chua2137@gmail.com Address 1 FERNVALE CLOSE #18-03 Address complement Postcode 797485 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 Type of Accident Collision - Head to Rear Weather Conditions Raining Road Surface Wet 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) 4 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 CHUA JIA XUAN Name Female Gender

## PASSENGER 2

Name TAN CHING PING Gender Female

# PASSENGER 3

Name BRYAN CHONG Gender Male

# DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

## CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE & TIME, I WAS TRAVELLING ALONG UPPER CHANGI ROAD EAST ON THE EXTREME RIGHT LANE. ONE OF THE VEHICLE SLOWED DOWN N STOPPED, I FOLLOWED SUIT. SUDDENLY, I HEARD A LOUD BAND FROM THE REAR OF MY VEHICLE A. WHEN I ALIGHTED I REALISED IT WAS VEHICLE B FAILED TO STOP ON TIME, CAUSING THE COLLISION AND DAMAGE TO THE REAR PORTION OF MY VEHICLE A

ATTACHMENT(S)

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SJV5015R
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)	_

#### 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>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 6. 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 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)

Sketch Plan

