	ASSIGNMENT		
getti Square i	\$175015	Yr Regn: 2016, NoV	
From: Date:	Veh No: SUSSIE   Veh No: Type: M.Can / M.Cycle / Bus / Van / I		
Estimated Cost:	Truck / Trailer or	Lony / Taxi / Filine Movel /	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	1	1700	
To Inspect Vehicle No:	Make: Andi A6		
at Workshop m/s	Colour Red	A/C: Insured / Std / NI / NA	
of	Sp.Reading 138565	T/Radio: Insured / Std / NI / NA	
insured:	Eng/No:	2-110000	
Policy No.		G2HN032906	
Claims No.	Gen. Cond Good / Fair / Poor / Burn	nt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaker	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leake	Brake: Inorder / Jammed / Leaked / Burnt or	
Make of Veh:			
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	Tyre Size: F: 245./	40219-	
(Policy Condition)	R: 245/	40215	
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZ	A / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO / YOKO OF		
Bal. or Market Value:	Front	Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm	R/Bal. 06 mr	
GIA / PR Seen: Consistent?: Yes or No	L/Bal. mm	L/Bal. 96 mr	
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	S. S	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/	S / N/S / U/C / Rooftop or	
Vehicle: 1		211	
Date: Person Contacted:	The U/C / Chassis frame / Bo	ody Structure affected due to collision	
Date / Time   Action / Instruction   Tr ms16			
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(365.4)	- I I A A CTOTA V TO X	1111/92/201	
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Dale/Time, File Pass to? : Preli. Report	Days Of Repair:		
) : Final Report	Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Return to?		Transportation:	
2) A <sub>i</sub> e	dd Fee: : Site Insp (\$	)s + Rssi	
Land Comment of the C	: Interview (\$	) Photos	

SN07229Q0015 / Income Insurance Limited ENTRY DATE & TIME: 26/09/2022 20:16 (SGT) SUBMITTED BY: Mohammad Ikhsan Bin Abdul Aziz VERSION: 1 (26/09/2022 20:16 (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

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

26/09/2022 20:16 (SGT) Driver 26/09/2022 07:20 (SGT) Simei St 3, Singapore OPPOSITE CHANGI HOSPITAL Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**SLZ501S** 

INSURED/POLICYHOLDER

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

TOH SHAOWEI (ZHUO SHAOWEI) S8137024I SHAOANDWEI@GMAIL.COM (Phone) +65-96514189

## 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

Audi A6

Private use

No - Claiming third party Private car Auto 1800

## INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5099537457-04

### DRIVER

CC

Name of Driver NRIC No Date Of Birth Occupation

HANG SI'EN S8128208J 24/09/1981 Indoor

Date Of Driving Pass 03/07/2001 Driving experience 21 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-96514180 Alt. Phone Number **Email Address** ULTRASIEN@YAHOO.COM.SG 7 HERTFORD ROAD Address #05-01 VANADIUM Address complement Postcode 219405 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I CAME TO A COMPLETE STOP BEHIND VEHICLE B AS THE TRAFFIC LIGHT TURN RED. BOTH OF US INTENDED TO LANE CHANGE TO LANE 1. SUBSEQUENTLY VEHICLE B REVERSE AND COLLIDED AGAINST MY VEHICLE. ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

Yes

Yes

PLEASE EMAIL VIDEO TO MOTORVIDEO@INCOME.COM.SG

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SLM260E

Private car

Name of Driver Contact Number	LEE KAE MENG THOMAS (Phone) +65-98436555
Address	-
Address complement	
Postcode	-
Insurance Company Name	.=
Nature Of Damage	SATURE STATE OF
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

#### 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.
- 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 Porposes.

26/09/2022 & 2100HRS Univer's Signature (if driver is not the policyholder) / Date

Mohammad Ikhsan Bin Abdul Aziz

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Policyholder's Signature / Date & Time

