Ass. PEC.BY:	CS/H	HLA22010457/Any3
	off heads?	ASSIGNMENT
From:	Date:	Veh No: SLD 5082S_ Yr Regn: 2016 June
Estimated Cost:		Type: M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES /	OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:		Make: Mazda 6 - c.c 1998
at Workshop m/s		Colour State A/C: Insured / Std / NI / NA
of		Sp.Reading 126783 T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:
Policy No.		C/No: JM66J10726.0239766
Claims No.		Gen. Cond: Goody Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Injorder / Jammed / Leaked / Burnt or
(Client's Record)	L/10000.	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil /S/Rim / STD A/Rim or
1803		Tyre Size: F: 225155R17
(Policy Condition)		
Remark: The veh had co	mmenced its N/	
	ne of inspection.	S O/S BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value:		
DAC Accident Rport:	Consistent?: Yes or No	Front Rear  R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal Oh
Est. Repairs: 3		201
Lum Sum:	% 3 Val.: Yes or No	5.0.1. 45/10/22.
CA / REV / REP. /		Des. of Damages ; Frt / Rear / O/S / N/S / U/C / Rooftop or e: IN / OUT
Pe	rson Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action /	Instruction	
7	P. HL.	
Adria	an confirmed lump sun	n: \$1600 and 3 days
	(red, \$2701.1, 6	32%)
MV:	64 ST 000SW3	eldosligija toti
PV:		
Nett:	CSEC TO HOUSE GIVE	C. Cewpho N-S C.L.
		SELS DESMOND TEO WEE HANG
ate/Time, File Pass to?	- Proli Bono	Design Company of the
	: Preli. Report	Days Of Repair: 3
ate/Time, File Return to?	: Final Report	Resurvey No. of Trip: Survey Fee:
		Transportation:
		Add Fee:   : Site Insp (\$ )s + Rssi
peort Formet :		: Interview (\$ ) Photos

1 services Grane I & ED In 100

SS2X22AK000B / SME MOTOR PTE LTD ENTRY DATE & TIME: 20/10/2022 17:08 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (20/10/2022 17:08 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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 report to the policyholder.

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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**

20/10/2022 17:08 (SGT) Date of Submission Both Reported by 19/10/2022 19:43 (SGT) Date of Accident Tampines Ave 2, Singapore **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

## **DETAILS OF OWN VEHICLE**

SLD5082S Vehicle Registration Number

## INSURED/POLICYHOLDER

No Is company? SHEN HE XING @ SIM SEOW CHIANG Name Of Registered Owner S1512225J NRIC No 3393739726@QQ.COM Email Address (Phone) +65-96712808 Mobile Phone No Alternative Phone No

## VEHICLE PARTICULARS

Mazda Manufacturer 6 Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party

your vehicle? Private car Vehicle Category Auto Transmission 2000

#### INSURANCE COMPANY

Lonpac Insurance Bhd Name of Insurance Company Z21VP05029329 Policy Number / Cover Note Number

#### DRIVER

CC

CHUNG MEI CHEN Name of Driver S2195229Z NRIC No 13/04/1964 Date Of Birth Indoor Occupation

01/04/1985 Date Of Driving Pass 37 YEARS AND 6 MONTHS Driving experience Female Gender (Phone) +65-90406867 Mobile Number Alt. Phone Number SOPHIACHUNG,4013@YAHOO.COM **Email Address** BLK 165 TAMPINES STREET 12 #10-315 Address Address complement 521165 Postcode 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 Type of Accident Collision - Head to Rear Clear Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 19/10/2022 AT ABOUT 7.43PM, MY VEHICLE A (SLD5082S) WAS STATIONARY ALONG TAMPINES AVE 2 DUE TO RED TRAFFIC. OUT OF SUDDEN, VEHICLE B (SLX1942G) CAME FROM BEHIND AND HIT INTO THE REAR PORTION OF MY VEHICLE A. 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	SLX1942G
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car



 Name of Driver

 Contact Number
 (Phone) +65-92302108

 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

- Rease report correctly the details of the accident to speed up the cisms process.
- 2 This Formmust be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any willul misre; allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Formby insurance companies is not an admission of policy liability on the port of the insurance
- 5 Any false reporting may be referred to the Police for investigation
- 6 The report will be forwarded by the insurers of the GN 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 afores ad
- 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") moylare 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 (at insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers law yers/law ferrs, the Monetary Authority of Singapore and any retin and 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

(a) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by ma;

(w) administering my claims (including the maling 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 envelopers/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' law yers/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 Pursonal Information may/can be disclosed by any of the Insurers and/or GA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Furposes.

Policyholder's Signature / Date & Time

30/10/00 9-55am

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

Witnessed by Reporting Centre

Sketch Plan

Vehicle A: 51050823

Describe Circumstances of the Accident  On 19/10/2022 at about 7:43pm, my was stationary along Tarpines overnee  Out of sudden, variety B (SLX19426) CA mb the 1200 fortion of my vehicle B.	2 due to red traffic ne from b. land and hit
mb the saw portion of my vehille B.	
	1 2

## Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date 8 Time

Witnessed by Reporting Centre Personnel