ASS. REG. BY: REP. CS/CTI 220	010959 /Awp3	
ASSI	IGNMENT	
From: Date:	Veh No: 5m D90 435 Yr Regn: 2018 Sept.	
Estimated Cost:	Type: M.Car / 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 CX5 c.c 1888	
at Workshop m/s	Colour Blue A/C: Insured / Std / NI / NA	
-f	Sp.Reading 7753/ T/Radio: Insured / Std / NI / NA	
Insured:	Eng/No:	
Policy No.	C/No: JM6KF2W7AK0229406	
Claims No.	Gen. Cond. Good Fair / Poor / Burnt	
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	
	Tyre Size: F: 225/65R17.	
(Policy Condition)	R: 225/65R17	
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO IYOKO or	
Bal. or Market Value:	Front Rear	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 86 mm R/Bal. 66 mm	
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm	
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. \$1/11/22.	
Lum Sum: % 3 Val.: Yes or No	Survey held at Modesn.	
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or	
Vehicle: IN / OUT		
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time Action / Instruction	,	
21/12/2022 Finalise \$11,250.00 @ 07 DAYS (R	Red \$7 868 80/41%)	
1,7,2,2,3,2,3,1,3,2,3,3,3,3,3,3,3,3,3,3,3,3	(Cu (1,000)	
m∨ :		
PV:		
Nett;		
Date/Time, File Pass to? Preli. Report	Days Of Repair:	
) : Final Report	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to?	Transportation:	
Add Fee	: Site Insp (\$)s+Rssı	
	: Interview (\$) Photos	
sport Former:	: Tech, Inve (2) Other:	

Bantines France I B FD De 700

SM0Z22AV0003 / MODERN AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 31/10/2022 12:06 (SGT) SUBMITTED BY: CHIN SOI SHONG GRACE VERSION: 1 (31/10/2022 12:06 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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 31/10/2022 12:06 (SGT) Reported by Both Date of Accident 28/10/2022 17:05 (SGT) **Exact Location of Accident** Jln Eunos, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD9043S

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner FONG KHENG YEOW SHANNON NRIC No SXXXX076Z Email Address SHANNONFKY@HOTMAIL.COM Mobile Phone No (Phone) +65-98521938 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mazda Model Cx-5 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5118891496

DRIVER

Name of Driver FONG KHENG YEOW SHANNON NRIC No SXXXX076Z Date Of Birth 27/02/1992 Occupation Indoor

Date Of Driving Pass 14/09/2011 Driving experience 11 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-98521938 Alt. Phone Number Email Address SHANNONFKY@HOTMAIL.COM Address **42 WORTHING ROAD** Address complement Postcode 554974 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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 PASSENGER 1 Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

VEHICLE C WAS STATIONARY DUE TO RED LIGHT AND I WAS STATIONARY TOO. OUT OF SUDDEN, VEHICLE B BEHIND ME BANGED ONTO MY REAR AND FORCED MY CAR TO PUSH FORWARD AND HIT THE REAR OF VEHICLE C. TOTAL 3 VEHICLES INVOLVED IN THIS ACCIDENT.

ATTACHMENT(S)

CIRCUMSTANCES OF ACCIDENT

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 GBK6717U
Vehicle Manufacturer -



Vehicle Model	2 0
Vehicle Variant	_
Vehicle Colour	
Vehicle Category	Goods vehicle
Name of Driver	SNG CHONG YI JOHN
Contact Number	
Address	
Address complement	-
Postcode	: -
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	u -
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKP9549K
Vehicle Manufacturer	r =
Vehicle Model	:-
Vehicle Variant	_
Vehicle Colour	
V.I. I. O.	- · ·
· · · · · · · · · · · · · · · · · · ·	Private car
Name of Driver	ONG WEI HAO ANDREW
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	
	-
	-
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.
- 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 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.
- 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.

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

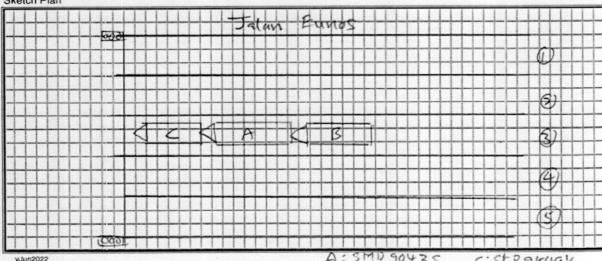
311022

Policyholder's Signature / Date & Time

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

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

Sketch Plan



B = GBK 6717 U

Describe Circumstance of the Accident
Vehicle (was stationary due to red light, and I
was stationary too. ant of sudden, vehicle 'B' behind
me banged auto my rear and forced my car to push
Paverd and hit the year of vehicle is
Vehicle (was stationary due to red light, and I was stationary too. ont of sudden, vehicle 'B' behind me banged auto my rear and forced my car to push forward and hit the rear of vehicle i.' That 3 vehicles involved in this accident.

Declaration

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

311022

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

vJun2022

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