ASS. REO. BY:	CICNIMERIT
	SIGNMENT
rom: Date:	Veh No: SJY3030T- Yr Regn: 2019, Jan.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
o Inspect Vehicle No:	Make: Honda Fit c.c 1317.
t Workshop m/s	Colour Grey A/C: Insured / Std / NI / NA
f	Sp.Reading 146145 T/Radio: Insured / Std / NI / NA
sured: SLD 1045B	Eng/No:
Policy No.	C/No: GK31333524 *
Claims No. C10018570/JY	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:	Modí: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 205/50P16-
(Policy Condition)	R: 205/508-16
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/YOKO or ,
al. or Market Value:	Front / Rear /
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. mm
st. Repairs: days Res.: Yes or No	D.O.A. 11/11/2022 D.O.I. 14 11/22
um Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	TI
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction Bridget Direct.	,
20/11/22 Adrian informed LS \$5100 (red 526	68.76, 50%)
7	
mv :	
PV:	
Nett:	
ale/Time, File Pass to? : Prell. Report	Days Of Repair: 6
: Final Report	Resurvey No. of Trip: 2 Survey Fee:
ate/Time, File Return to?	Transportation:
21/11/22-typist Add Fe	[
	: Interview (\$) Photos

SK0U22BB000A / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 11/11/2022 12:51 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (11/11/2022 12:51 (SGT))

SINGAPORE ACCIDENT STATEMENT

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 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 11/11/2022 12:51 (SGT) Reported by Date of Accident 10/11/2022 17:10 (SGT) Exact Location of Accident Singapore Additional Location Information AYE TOWARDS CITY AFTER JURONG TOWN HALL ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY3030T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KHAIRUDIN B KAMARUDIN NRIC No S7934106A **Email Address** seventy9@gmail.com Mobile Phone No (Phone) +65-94595656 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model FIT 1.3GF CVT 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? No - Claiming third party Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5115446408-02

DRIVER

Name of Driver KHAIRUDIN B KAMARUDIN NRIC No S7934106A Date Of Birth 26/10/1979 Occupation Indoor

Date Of Driving Pass	21/08/2002
Driving experience	20 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94595656
Alt. Phone Number	-
Email Address	seventy9@gmail.com
Address	APT BLK 642A PUNGGOL DRIVE #16-343 (S) 821642
Address complement	AT T BER 042A T ONGGOE BRIVE #10-343 (3) 821042
Postcode	
Is the driver the policyholder?	- V
If No, Relationship of the Driver with the Insured	Yes
	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
modulated dompany of other vehicle owned by briver	·
OFNERAL INFORMATION OF THE ADDITION	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the sacidated	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	NO
n yoo, agamot whom:	
CIDCUMETANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
DEEED WITH ATTACHED	
REFER WITH ATTACHED.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO LARGE, UNABLE TO UPLOAD
	SEE TO SETTINGE, ON IDEE TO OF LOAD
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	CLD404FD
Vehicle Manufacturer	SLD1045B
Vehicle Model	•
Vehicle Variant	•
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	MENG WEI

Contact Number	(Phone) +65-96989156
Address	-
Address complement	-
Postcode	-:
Insurance Company Name	**
Nature Of Damage	
Details of property damaged in accident	Ξ.
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KHAIRUDIN B KAMARUDIN
Gender	Male
Phone No	(Phone) +65-94595656
Address	APT BLK 642A PUNGGOL DRIVE #16-343 (S) 821642
Address Complement	-
Post Code	-
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	SJY3030T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	•

SKETCH PLAN

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 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.
- 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 aforesald.
- 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 nackages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposos")
- (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 of

(including their lawyers/law firms), which may be sited dytside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

1

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

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

Age towards Vehicle A: STY 3030 T city after Jurong Town Hall Vehicle B: SLD 1045 B

As of	umstance of the Ac	late and	1 time	, 1 wa	s driving	my ver	note (SJ	Y 3030T)
long	AYE towar	ds city	After	Jurong	LOWN HE	ll on t	he rig	1,†
ane	ef a 3	lane	express	way.	The vehic	de ahea	d of	my
vehicle	braked a	nd 1	tollow	accord	ngly. 0	ut of a	Suda	lon,
vehck	B (SLDI	45B) C	ellidad	into t	he rear	portron	of n	ny
vehicle								
Video	footage A-	tached.						
			100 00 00 00					

Declaration

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

Witnessed by Reporting Centre Personnal (Name as in NRICAD card)

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