	10	ASSI	GNMENT		4.000
From:	Date:		Veh No:	SNE 2056	J Yr Regn: 2022, Feb
Estimated Cost:	Dute.				Lorry / Taxi / Prime Mover /
	/ OD RES / EVA / INV / M	V		Trailer or	worly react reliable to the
To Inspect Vehicle No:	1 Ou Time 1 International Inte	<u>.</u>	Make:	Topola Ha	ciries c.c 2487
at Workshop m/s			Colour	Silves.	A/C: Insured / Std / NI / NA
			Sp.Reading	17634	T/Radio: Insured / Std / NI / NA
nsured:		T	Eng/No:		
Policy No.			C/No:	JTEAD	3BH 40J00 1185
Claims No.				ood/ Fair / Poor / Bu	
Sum Insured:	Excess:			der/ Jammed / Leake	
(Client's Record)		-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	der / Jammed / Leak	
Make of Veh:				S/Rim / STD A/Rim	or
			Tyre Size:	F: 275	/60 R18-
(Policy Condition)				R: 225	160R18.
Remark: The veh had commenced its N/S O/S		N/S O/S	BS) DUN / EX	NOVA / GY / FS / LIZ	ZA / MIC / OHTSU / PIR / SUMI /
repair at the t	ime of inspection.		TOYO / YOK	O or	
Bal. or Market Value:			Front '	,	Rear
DAC Accident Rport:	Consistent? : Yo	es or No		96 mm	R/Bal. 06 mm
GIA / PR Seen:	Consistent? : Yo	es or No	L/Bal.	06 mm	L/Bal. 06 mn
Est. Repairs:	days Res.: Ye	es or No	D.O.A.		D.O.I. 16/11/22-
_um Sum:	% 3 Val.: Ye	es or No	'Survey held at	Mo	desi.
CA / REV / REP.	/ 24 HRS	3	Des. of Damag	ges: Frt / Rear / O	IS INS I UIC I Rooftop or
Data:	Person Contacted:	Vehicle: IN / OUT			
		- I	The U/C /	Chassis frame / B	ody Structure affected due to collisio
	n / Instruction Lan Pac			•	
	2011/40	·	•	*	
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PV	?				
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		1			
	: Preli. Report		Days Of Rep	air:	
ate/Time, File Pass to?			Resurvey No		Survey Fee:
	: Final Report		A SECURITY OF THE SECOND		
)	: Final Report		,	. or rnp:	
Date/Time, File Pass to?) Date/Time, File Return to?	Final Report	Add Fee		nsp (\$	Transportation:

Bonnish Grane AB RS De 70-

SS3122B70002 / SPECIALISTS MOTOR PTE LTD ENTRY DATE & TIME: 07/11/2022 16:50 (SGT) SUBMITTED BY: Irene Ting VERSION: 1 (07/11/2022 16:50 (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 07/11/2022 16:50 (SGT) Reported by Driver Date of Accident 05/11/2022 21:40 (SGT) **Exact Location of Accident** Pennefather Rd, Singapore Additional Location Information PENNEFATHER ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

Auto

2487

No - Claiming third party

Vehicle Registration Number SNE2056J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KHO KIA EE NRIC No SXXXX068J **Email Address** pohenghan@gmail.com Mobile Phone No (Phone) +65-97684839 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Harrier 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 CC

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220018668-01

DRIVER

Name of Driver POH ENG HAN NRIC No SXXXX293H Date Of Birth 04/06/1954 Occupation Indoor

Date Of Driving Pass Driving experience 47 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-98347551 Alt. Phone Number **Email Address** pohenghan@gmail.com Address 34 MUGLISTON ROAD Address complement Postcode 436622 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 Side Swipe 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** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING ALONG PENNEFATHER ROAD. WHEN DROVE PASSED VEHICLE B, HE SUDDENLY OPENED HIS RIGHT DOOR AND DAMAGED MY CAR LEFT SIDE PORTION AND LEFT WING MIRROR. 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 GBD5393M Vehicle Manufacturer Nissan Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver	-
Contact Number	_
Address	_
A -1-1	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	1000
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 cossible. 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.
- 7. By the ladgement 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)

Lunderstand, 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 making 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

Actual Driver's Signature (if driver is not the

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Sketch Plan

Describe Circumstance of the Accid	dent
P (N)	District of the Paris of the Pa
2 Was ar	riving along Pennefather Road. The passed vehicle By he suddenly is right door and danged my side purpos and left wing mirror.
wen and	a passed vonicle By he suddenly
opensed ni	I right door and danced my
Car 1691	Side purtion had left wing mirror.
Declaration We declare the foregoing particulars	are true in every respect.
	0.
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)