ASS, REC. BY:	SSIGNMENT	
	A STATE OF THE PROPERTY OF THE	
From: Date:	Veh No: SJD2503M. Yr Regn: 2008 March	
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: Mazda 3 c.c 1598	
at Workshop m/s	Colour Black. A/C: Insured / Std / NI / NA	
ıf	Sp.Reading 206268 T/Radio: Insured / Std / NI / NA	
nsured:	Eng/No:	
Policy No.	C/No: JM63K106280368098.	
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:	Modí: Nil (\$/Rim) / STD A/Rim or	
	Tyre Size: F: 205/55 R/6-	
(Policy Condition)	R: 205/55R16	
Remark: The veh had commenced its N/S O/	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO / YOKQ or	
dal. or Market Value:	Front Rear	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 86 mm R/Bal. 86 mm	
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 96 mm L/Bal. 96 mm	
st. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 15 (1/22.	
um Sum: % 3 Val.: Yes or No	Survey held at Sin Hwee.	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
Vehicle: IN / C	ТИС	
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision	
Date / Time Action / Instruction TP I-1	COE Expiny: 13/03/28.	
	COL DATING. MIGHEO.	
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mv :		
PV:		
Nett:		
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ate/Time, File Pass to? : Preli. Report -	Days Of Repair:	
Commence of the Commence of th	Resurvey No. of Trin: Sunvey Fee:	
: Final Report	Resurvey No. of Trip: Survey Fee: Transportation:	
Commence of the Commence of th	Transportation:	

Bearing Frank & BED To 70

SM0Z22BA0002 / MODERN AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 10/11/2022 15:30 (SGT) SUBMITTED BY: CHIN SOI SHONG GRACE VERSION: 1 (10/11/2022 15:30 (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.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

4. The issue and acceptance of which will be insured 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

10/11/2022 15:30 (SGT) 09/11/2022 19:29 (SGT) Paya Lebar Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJD2503M

INSURED/POLICYHOLDER

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

No TAY MEI LYE S7530976G ANILA@LIVE.COM.SG (Phone) +65-91293193

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Private use

Mazda 3

No - Claiming third party Private car Auto 1598

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5129564768

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAY MEI LYE S7530976G 29/09/1975 Indoor



01/04/2011 Date Of Driving Pass 11 YEARS AND 7 MONTHS Driving experience Gender Female (Phone) +65-91293193 Mobile Number Alt. Phone Number ANILA@LIVE.COM.SG Email Address 527BEDOK RESERVOIR RD #03-96 ARCHIPELAGO Address Address complement 479280 Postcode Yes Is the driver the policyholder?. 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 Side Swipe 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 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 AT 7.29PM, CAR A SLOWED AND STOPPED TO FILTER TO THE LFFT LANE AFTER THE BUS LANE. CAR B OVERTOOK FROM BEHIND AT FAST SPEED AND KNOCKED THE FRONT PART OF CAR 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 SNB9154D

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Private car

Name of Driver -

Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage 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 Formmust be completed by the Policyholder and/or the Authorised 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 Police for investigation.
- 6. The 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.
- 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' law yers/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/meil 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 Personal Information may/can be disclosed by any of the Insurers and/or GIA 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 Purposes.

Policyholder's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date Time & Time	Witnessed by Resorting Centre Personnel
A: SJDDS03 M. B: SNB 9154 D	The state of the s
BUS LANE	•
BEAD	A Comment of the Comm
	with a second se

Al 7.29 pm, car A clowed and stopped to filter to the land car B overtook from behind at fact	the left land affer the
bur land car B overtook from behind at fast	spood and knocked
the front part of car A:	5
WIT MIT OF	Control Contro
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We declare the foregoing particulars are true in every respect.

S

10/11/22

Policyholder's Signature / Date & Time

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

ST BOTTON TO

Witnessed by Reporting Centre Personnel