ASS, 8EO, BV:		
	SSIGNMENT	
From: Date:	Veh No: SLR89381₹. Yr Regn: 2017 , Aug	zw.
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: Hunda Shitle Hybrid c.c 1496	6.
at Workshop m/s	Colour Black A/C: Insured / Std / NI / N	
of	Sp.Reading 399594 T/Radio: Insured / Std / NI /	NA
nsured:	Eng/No:	
Policy No.	C/No: 6P71114183 *	
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 / \$/Rim / STD A/Rim or	
	Tyre Size: F: 205/50R16	
(Policy Condition)	R: 205/50216	,
Remark: The veh had commenced its N/S	D/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO/YOKO OF Giti	
Bal. or Market Value:	Front Rear	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 86 mm R/Bal. 96	mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. DG mm L/Bal.	mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 66 11 22	_ ,
% 3 Val.: Yes or No	Survey held at Hui Huany Hay Bas	>
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 coll	lision
Date / Time Action / Instruction TP (NC)	,	
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: Final Report	Days Of Repair:	
ate/Time, File Return to?	Resurvey No. of Trip: Survey Fee: Transportation:	
Add		
Parties		
	[: ITREFVIEW (P) Photos	

A namien Grane & B Re L. 700

SK0U22BE000K / KAN FOOK SING MOTOR WORKSHOP [533758] ENTRY DATE & TIME: 14/11/2022 16:46 (SGT) SUBMITTED BY: Boo Miow Hwa VERSION: 1 (14/11/2022 16:46 (SGT))



Occupation

MAD

SINGAPORE ACCIDENT STATEMENT

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

- 3. Information provided must be as truthful and accurate as possible. Any willul misrepresentation of withouting of material lacts may allow insurance companies to reputate 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.

ACCIDEN	NT STATEMENT
Date of Submission	14/14/2000 46 46 (00T)
Reported by	14/11/2022 16:46 (SGT)
Date of Accident	Driver
Exact Location of Accident	12/11/2022 12:46 (SGT)
Additional Location Information	Singapore
	CLEMENTI AVE 6 TOWARD PIE
Country/State of Loss	Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	SLR8938E
INSURED/POLICYHOLDER	
Is company?	Ven
Name Of Registered Owner	Yes
Company Reg No	TRIBECAR PTE LTD
Email Address	199608195Z
Mobile Phone No	lesli@popularcar.com
Alternative Phone No	(Phone) +65-67428888
Alternative Priorie No	
VEHICLE PARTICULARS	
Manufacturer	Honda
Model	SHUTTLE HYBRID 1.5 AUTO
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 hire
Transmission	Auto
CC	1496
INSURANCE COMPANY	
Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7990000158
DRIVER	
Name of Driver	NIO ANN HOCK
NRIC No	S1520792B
Date Of Birth	08/10/1962

Outdoor

Dana 4 a4 47

Driving experience Gender Mobile Number All, Phone Number Email Address All, Phone Number Email Address Address Address Address APT BLK 143 PETIR ROAD #04-222 (S) 670143 Address Complement Postcode Is the driver the policyholder? Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Weather Conditions Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? Was any foreign vehicle involved in the accident Was any other vehicle or property damaged? Yes Unumber of Passengers (Including Driver) Has the driver been approached by unknown person(s) Solicing/offering accident claims assistance? Translator's name Translator's name Translator's flo Translator's mame Dright and the statement Translator's mame CHIN WEE Female CHIN WEE Female CHIN WEE Female Are accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Wer there are viden captured by Car Camera? Yes Yes	Date Of Driving Pass	01/04/1981
Gender Mable Number Alt. Phone Number Alt. Phone Number Email Address Apt BLK 143 PETIR ROAD #04-222 (S) 670143	Date of Driving 1 dee	41 YEARS AND 7 MONTHS
Mobile Number Email Address ALP hone Number Email Address Address APT BLK 143 PETIR ROAD #04-222 (\$) 670143 Address Complement Postcode Is the driver the policyholder? Is the driver the policyholder? Is the driver the policyholder? Is No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Cowned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Type of Accident Veather Conditions Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? Was any injured on everyed to hospital by ambulance? Was any injured on everyed to hospital by ambulance? Was any injured one vehicle or property damaged? Was any injured one vehicle or property damaged? Ves Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's phone number Transl	Onder	Male
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Address complement Postcode Is the driver the policyholder? Is the driver the policyholder? No. Relationship of the Driver with the Insured If No. Relationship of the Driver with the Insured Description Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicles Owned Insurance Insu	Address	API BLK 143 PETIR ROAD #04-222 (G) 676 116
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VIDEO FOOTAGE WITH INSURED	Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Reasons for not uploading a video of the accident	VIDEO FOOTAGE WITH INSURED
DETAILS OF OTHER VEHICLE PROPERTY 1		

YL1778Z

med

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Variant	
Vehicle Colour	Commercial vehicle
Vehicle Category	ONG HWEE HOCK
Name of Driver	
NRIC No	S1415984C
Contact Number	(Phone) +65-81989853
Address	-
Address complement	•
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	•

WITNESS DETAILS

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 willful 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 "Persional Information") and disclose and transfer such Persional 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;
- (N) 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/mas packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) at 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 Purposest ORASS

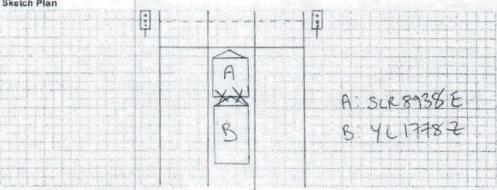


Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

Sketch Plan



	24 A 1000 Photo Left in 24	C 1/2/11/
*************	I was retrained to extra tussement in to	C CCMIC
	WHEN THE INCIVENT PHOTOSEV.	16
*********	MY VEHICLE WAS SIGNIVALINE AT THE INTE	1
	I WAS TERRYING A GRAB PASSENGER IN 7H WHEN THE INCIDENT HAPPENED. MY VEHICLE WAS STATIONARY AT THE TRAFF JUNCTION WHILE WAITING FOR GREEN LIGHT. SUPPENLY THE REAR VEHICLE, REAR-ENDO	E0
-	MY VEHICLE.	~~
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Declaration

We declare the Poregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signettire (# driver is not the policyholder) / Date Witnessed by Reporting Centre & Timo

Personnel