	ASSIGNMENT
	2.5.2
From: Date: 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
To Inspect Vehicle No:	Make: Harda Civic c.c 1597
at Workshop m/s	Colour Bhe A/C: Insured / Std / NI / NA
ıf	Sp.Reading 76474. T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: MRHFC 3650KT 000358
Claims No.	Gen. Cond: Good) Fair / Poor / Burnt
fum 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: 215/55 R 15
(Policy Condition)	R: 215/55R15.
Address of the second 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. Nmm R/Bal. Ob mm
BIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 0 mm
st. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 25/11/22
um Sum: % 3 Val.: Yes or No	Survey held at Twin Cas
A / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN	/ OUT
ate: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
TP China.	· · · · · · · · · · · · · · · · · · ·
mv:	
PV:	
Nett:	
ite/Time, File Pass to?	D 05 D
L. Folk Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
	Transportation:
	Fee: : Site Insp (\$ )_s+Rs_s

Benning Grand & B. E. C. 700



# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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 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	24/11/2022 15:14 (SGT)
Reported by	Both
Date of Accident	23/11/2022 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHĀNGI SOUTH AVE 1 - CHANGI SOUTH AVE 2 (T JUNCTION RIGHT TURN)
Country/State of Loss	Singapore

Country/State of Loss	Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	SNE6912L
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No AL HADAD BIN ABDUL AZIZ S9213362A Hadadaziz92@outlook.com (Phone) +65-88763486
VEHICLE PARTICULARS	
Manufacturer Model 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	Honda CIVIC 1.6 VTI CVT  -  No - Claiming third party Private car Auto 1600
INSURANCE COMPANY	
Name of Insurance Company	Income Insurance Limited

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

## DRIVER

Name of Driver	AL HADAD BIN ABDUL AZIZ
NRIC No	S9213362A
Date Of Birth	07/04/1992

Occupation	Indoor
Date Of Driving Pass	19/04/2013
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88763486
Alt. Phone Number	(1 Holle) 103-00703400
Email Address	-
	Hadadaziz92@outlook.com BLK 137 BUKIT BATOK WEST AVENUE 6 02-383 SINGAPORE
Address	
Address complement	650137
The state of the s	•
Postcode	•
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	
GENELVIC IN CHIMATION OF THE AGGIDENT	
T (A	
Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
OTTEN WORK ON WATER	
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)	a.
soliciting/offering accident claims assistance?	No
Translator's name	
Translator's ID	
Translator's phone number	
Translator's email	_ <del>-</del>
Original language used in the statement	•
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
Service and the service and th	No
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED REPORT	
ATTACHMENT(S)	
ATTACITIVE IT (0)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	CNEZEGGO
	SNE7528G
Vehicle Manufacturer	
Vehicle Model	•
Vehicle Variant	•
Vehicle Colour	
Vehicle Category	Drivets on

Private car

Vehicle Category

Name of Driver	OW KOK SHENG
Contact Number	
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	AL HADAD BIN ABDUL AZIZ
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	¥
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNE6912L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 perties.
- 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 refevant 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")

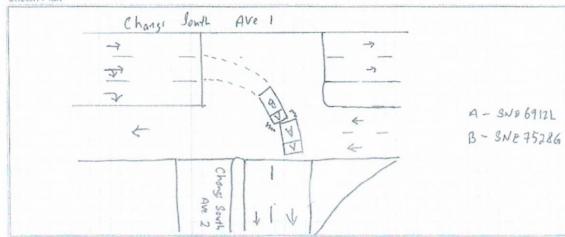
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



per above date and time, I was driving SNEG912L  ong Changi Sporth Ave I trads Changi Business park Central 2  on the Center land Soverhere around T-Junitury of Changi South Ave  al Changi South Ave 2, I more a right turn 15  affice light was green. I saw an alderly man was  resising the road while I has turning. At such, I again  stoke and stagged for the Alderly man to arrest. Dust of  suitting, I felt an impart from the roar. I alighted  and dissoured VEL (B) SNE 75386 from persion collidered onto  y vehicle ribe poordien. Video Feotage attached.	\$	ner	of the Accid	date	and	tine, I	Wes	dri	My S	NE6912 L
the Center lane. Sonother around 1- Juneting it Changi South Ave a I mode a right form 15 raftic light has green. I saw an elderly man was resissing the road while I was turning. As such, I applied broke and stopped for the elderly man to cross. Dut of subten, I felt an impact from the roar. I alighted and discovered vel (B) SNE752860 front portion collided and	0114	Chan	: Sout	L AVE	1 1	ads Che	nsi Busi	russ p	ark	lestral 2
al charge South Ave 2, 7. Novele a right time 15 raftic light was green. I saw an olderly man most resissing the road while I was twriting. As such, 7 again broke and stapped for the elderly man to cross. Dual of outlier, 7 fell an impaid from the rear. I alighted and discovered vel (B) SNE75286 front person collided and y vahile rear portion. Video Feotage attached.	1 -	the	center la	ne . So new	ra aroud	T- June	1:09 0	of ch	angi i	Portl AVE
refise light lack green. I saw an olderly man most resisting the road while I was turning. As such, I again broke and stagged for the olderly man to cross. Dury of outling I felt an impad from the rear. I alighted and discovered Vel. (8) SNE 75286 front person collided and y vehicle rear position. Video Feotage attached.	.1	change	South	Ave	2,7	noole	9	right	turr	15
resising the road while I was turning. At Such, I agilished and stagged for the Olderly man to cross. Duri us outling, I felt an impact from the rear. I alighted and discovered Vel (B) SNE752860 front persion collided and a vehicle rear populier. Video Feotage attached.	affi	2 /3	d h	ec gi	rein. I	saw	ar	elderly	Man	wos
broke and stagged for the elderly man to cross. Und of Buttler, I felt an impact from the rear. I alighted and discovered vel (B) SNE 752860 front parties collided and y vahale rear portion. Video Featage attached.	ress,	my th	n ro	and v	while I	wes	turnin	1 . Ar	such,	I applie
Puddler, 7 felt an impad from the rear. I alighted and discovered vel (B) SNE 75286 front parties callided and y vehicle rear poortion. Video Featage amached.	broke	and	St-pp.	d for	the	Cloterly	mon	to	croci	c. Own of
al discovered Vel (6) SNE 75286 front persion collided and y vehicle rear pordion. Video Footage attached.	Puda	len, I	feH	AA.	smpad	from	the	rear.	I	alighted
y vahale rin povien. Video Feotage attached.	N	dista	uned.	vel (t	SNE 75	286 f	rout po	Him	Collid	col ordo
	4	vehile	rla	POV	dien. Video	Frotage	arto	chod.		
	_									
	-									
		and the second								

Declaration

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

Oriver's Signature (if driver is not the policyholder) / Data 5 Timo

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