ASSI	GNMENT	
rom: Date:	Veh No: SJH 5368X Yr Regn: 2017, Ayn	
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: Renault Scenic c.c 1461	
t Workshop m/s	Colour While A/C: Insured / Std / NI / NA	
TWO KINDS THE	Sp.Reading 1(406/ T/Radio: Insured / Std / NI / NA	
isured:	Eng/No:	
olicy No.	C/No: VFIRFA 00857939342	
laims No.	Gen. Cond. Good/ Fair / Poor / Burnt	
um Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or	
(cherit's Record) take of Veh:	Modi: Nil S/Rim / STD A/Rim or	
	Tyre Size: F: 195/55 P20	
(Policy Condition)	R: /95/=5 RZ 0	
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. 06 mm	
ist. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 13/12/22	
um Sum: % 3 Val.: Yes or No	Survey held at KT Molocustiz.	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
Vehicle: IN / OUT	100 No. 100 No	
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision	
Date / Time Action / Instruction		
TP Budget Direct		
mv:		
PV:		
Nett:	N. D. C.	
	The second secon	
	1 2 100 00 2 01700	
Ste Fine File Dece to	A BEST OF STATE AS ASSET AS	
ate/Time, File Pass to? : Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip: Survey Fee:	
ate/Time File Refurn to?		
rate/Time, File Return to?	Transportation:	
ate/Time, File Return to?		

SH0H22CC0001 / Hock Wah Motor Workshop Pte Ltd ENTRY DATE & TIME: 12/12/2022 14:24 (SGT) SUBMITTED BY: Hue Lee Yan VERSION: 1 (12/12/2022 14:24 (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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

12/12/2022 14:24 (SGT) Both 09/12/2022 21:15 (SGT) Near 258B Punggol Field, Singapore 822258 ALONG PUNGGOL WAY TOWARDS TPE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJH5368X

INSURED/POLICYHOLDER

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

No LIU JIANGNAN SXXXX7441 LIUJIANGNAN@GMAIL.COM (Phone) +65-81570279

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Renault Scenic

> Auto 1461

Private use

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5128725936

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LIU JIANGNAN SXXXX744I 13/08/1976 Indoor

07/11/2006 Date Of Driving Pass 16 YEARS AND 1 MONTH Driving experience Male Gender (Phone) +65-81570279 Mobile Number Alt. Phone Number LIUJIANGNAN@GMAIL.COM **Email Address** 276B PUNGGOL FIELD #13-121 Address Address complement 822267 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 Collision - Head to Rear Type of Accident Clear Weather Conditions 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) 4 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 PASSENGER 1 Name LI SHUANG Female Gender PASSENGER 2 LIU YUXI RAICY Name Female Gender PASSENGER 3 LIU YUCHEN RAISON Name Gender Male 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 ON THE STATED DATE & TIME, I WAS DRIVING ALONG PUNGGOL WAY. AS THE TRAFFIC LIGHT TURNS RED, I PROCEED TO

ATTACHMENT(S)

Accident report SH0H22CC0001

Are accident photos available for attachment?

Yes

SLOW DOWN AT THE TRAFFIC LIGHT. SUDDENLY VEHICLE B (SCG5007B) HIT INTO THE REAR PORTION OF MY VEHICLE.

Yes FILE FORMAT DIFFERENT

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCG5007B
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 Form must be completed by the Policyholder and/or the Actual Driver
- 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 Traffic Police Department for investigation.
- 6 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 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 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;

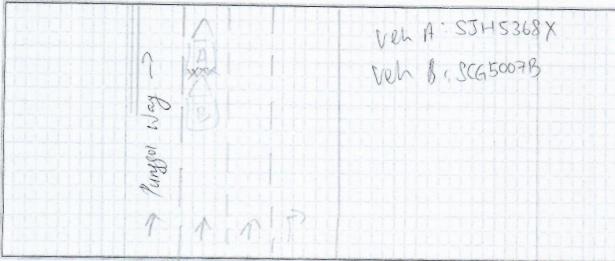
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail 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 Purposition

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident
On the Stoked dete and time, I was driving along
punggol way the traffic light has two to red,
i proceed to stow down at the traffic 11phot.
Suddenly veh B (SCG 5007B) Wit into the vear
partles of my vehicle.

Declaration

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

Policyholder's Signature / Date & Time

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

OR WORK SHEET

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