ASS. REC. BY: Kenneth | REF: LIP / 23001228/KV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s TSR

of _____

Insured: SMT 5431Y

Policy No. _____

Claims No. AVS23/0425

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S | O/S

Bal. or Market Value: $52K

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 05 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SLG 1089J Yr Regn: 09/16

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Vezel (A) c.c 1496

Colour M.D.Blue A/C: Insured / Std / NI / NA

Sp.Reading 175218 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RU1 - 1114596

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modl: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: Apollo 215/60R15

R: Falken

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	2 mm	R/Bal.	2 mm
L/Bal.	2 mm	L/Bal.	2 mm
D.O.A.	1/2/23	D.O.I.	6/2/2023

Survey held at _____

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear C/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	EM not ready
28/2/23	Kenneth confirmed LS $4250 (Red 14,505.13, 77%)

Date/Time, File Pass to? _____ ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to? 1) 1/3/23-typist

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee: _____

Transportation: _____ $ - RS. _____ St

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ Tech Invs ($ _____) ☐ Weekend ($ _____)

Report Format : TP

Lump Sum / ~~I.B.I.~~ ($ 4250

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	02/02/2023 14:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/02/2023 14:45 (SGT)
Exact Location of Accident	Hillcrest Rd, Singapore
Additional Location Information	Hillcrest Road and Dunearn Rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1089J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Kian Seen Kelvin
NRIC No	S7805332A
Email Address	kellinks@gmail.com
Mobile Phone No	(Phone) +65-91166886
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	S126264789

DRIVER

Name of Driver	Lim Kian Seen Kelvin
NRIC No	S7805332A
Date Of Birth	11/02/1978
Occupation	Indoor

SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly 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 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.
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)

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.

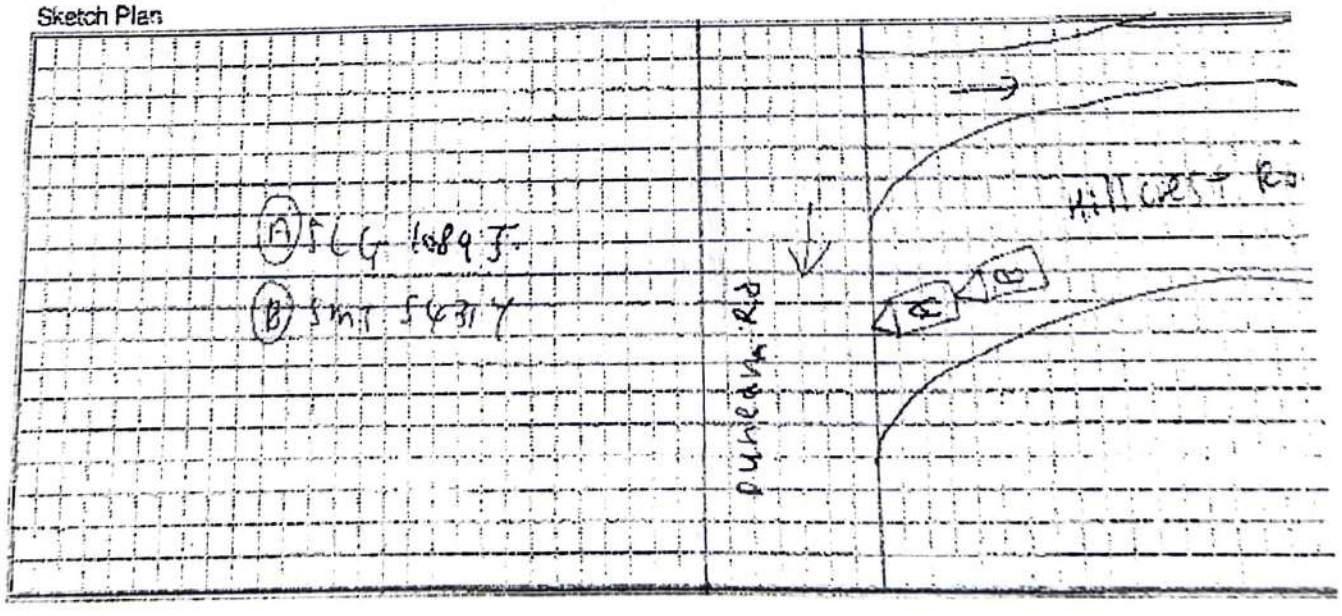
(collectively the "**Purposes**")

(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 Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



SINGAPORE POLICE FORCE

T/20230202/7017

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230202/7017

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLG1089J	NTUC Income Insurance Co-Operative Limited	5126264789	31/05/2022	30/05/2023

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA

Driver

Name	LIM KIAN SEEN, KELVIN	ID No.	S7805332A
Related Vehicle	SLG1089J (Car)	Contact No.	91166886
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL

Date	01/02/2023	Date	01/02/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Driver

Name	LIM HOCK LYE	ID No.	S7235869D
Related Vehicle	SMT5431Y (Car)	Contact No.	96373124
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL

Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.
01/02/2023 @ about 2.45pm, I am travelling along hillcrest road towards dunearn road. At the T junction of dunearn road, there is a stopline. I stopped my vehicle to check for the trafffic from dunearn road. I notice that there is a car oncoming at dunearn road, therefore I hac to giveway to that car from the main road. Moments later, I felt an impact on my rear portion. I then relalised that Vehilce SMT 5431Y came from behind and hitted onto my vehicle.

After the accident happen, We come down and exchange particular and left the scence. After the impact from the accident, I felt some unwell at my shoulder, my neck area, my upper back area. I then go see doctor in the evening at Healthway Medical (Choa Chu Kang) and was given 3 days of mc from 02/02/2023 to 04/02/2023.