(08/11/13) wef  ASS. REC. BY: REF: CS (CS )30	01909/Rey3
ASS. REG. DT.	GNMENT
	21020 - 218 18 18.
From: Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Estimated Cost:	Truck / Trailer or
OD) TP / WS / TP RES / OD RES / EVA / INV / MV	VPC1 1290
To Inspect Vehicle No: SLW 3103D	
at Workshop m/s WARA HONN MOTIN	Colour
of 38 TOH GUM RUD FORT \$701-57	Sp. reduily 17072
Insured: (CS	Eng/No: JT03620W30J08.775
Policy No.	AND TO BE AND ADDRESS OF THE PARTY OF THE PA
Claims No.	Gen. Cond: Good / Pair / Poor / Burnt
Sum Insured: Excess: TBA	Steering: Iporder/ Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jamrned / Leaked / Burnt or
Make of Veh:	Modi: NII / S/Rim / STD A/Rim or
	Tyre Size: F: SS 65R15
(Policy Condition)	R:
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
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. mm R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. (8/02/23 D.O.I. 22/02/23
Lum Sum % 3 Val.: Yes or No	Survey held at WAK Howh
Commission of the state of the	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
20/6/2023 Racul Analised LS\$3650/;	7 days with repairer. (Red 2432/, 40%)
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 7
Final Banart	Resurvey No. of Trip: Survey Fee:
1) Date/Time, File Return to?	Transportation:
2) Add Fee	: Site Insp (\$ )_s+RS_s
4)	: Interview (\$ ) Photos
Report Format : On	: Tech. Invs (\$ ) Others
Report Format: OD Lump(9um / I.B.I: (\$ 3650)	: Weekend (\$
- Lamk Ann 1 19 20 20 )	. veekend (v

SW0E232K0002 / WAH HONG MOTORS & CREDIT PTE LTD ENTRY DATE & TIME: 20/02/2023 10:50 (SGT) SUBMITTED BY: Teo Seok Lan (Camy) VERSION: 1 (20/02/2023 10:50 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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

## **ACCIDENT STATEMENT**

Date of Submission

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

20/02/2023 10:50 (SGT)

Both Policyholder and Actual Driver

18/02/2023 17:00 (SGT)

Near BKE, Singapore

**BKE TOWARDS SILE (EXIT 8)** 

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLW3103D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No

Alternative Phone No

No

Toyota Wish

Yes

Auto

1794

Private use

Private car

QUEK CHIN MING

SXXXX041C

QCHINMIN@YAHOO.COM.SG

(Phone) +65-93690904

# 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

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number **ECICS** Limited MPC23P00021300

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

QUEK CHIN MING SXXXX041C 25/05/1971

Indoor

**Date Of Driving Pass** 22/08/1992 Driving experience 30 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-93690904 Alt. Phone Number Email Address QCHINMIN@YAHOO.COM.SG Address 323 CHOA CHU KANG AVE 3 Address complement #06-28 Postcode 689865 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 Type of Accident Collision - Head to Rear Weather Conditions Clear 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) 2 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 CHONG YIN FOONG Gender Female **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 REFER TO SKETCH PLAN & SUMMARY ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident **TOO LARGE** DETAILS OF OTHER VEHICLE PROPERT Vehicle Registration Number SMV8086E 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.
- 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 ladgement 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 hecessary 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
- (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.

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and		U
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Wilnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
Sketch Plan	SC - 18759	TO SOK UN

Sketch Plan	& Time	(Nume as in NRIC/ID card) TO SEK UN
	113 12 12	
	β	
		Mh A SUN 348D
		kh B 5mV 8086 E
BKE TOWAR	S SLE ( WEAK TORF CLUB E)	

scribe Circumstance of the Accident	
On 18/02/2003 at 1700, I was travelling along BKE	towards SLE
(near Turf club Exit 8). As weh B (SMV 9086E) jamm	ed brake, I could not
topped in time and hit onto his rear.	
Vokody was injured.	

# Declaration

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

Juck

Policyholder's Signature / Date & Time

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

ut

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

TED SECK LAND

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