	23004935/KV
Kenneth	ASSIGNMENT
From: Date:	Veh No: SKC 1818 2 Yr Regn: 08,17
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD INPIWS ITP RES I OD RES I EVA I INVI MY	
To Inspect Vehicle No:	Make: Tay Estine c.c 2362
at Workshop m/s // // // // // // // // // // // // /	Colour M. Blue AC: Insured / Std / NI / NA
of	Sp.Reading 242327 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: ACR 50 . 7135737
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Cilent's Record)	Brake: Ingrider / Jammed / Leaked J. Burnt or
Make of Veh:	Modi: Nii / S/Rim / STD-AJRim or
	Tyre Size: F:
(Policy Condition)	R: 225/50R18
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	Точо / чоко ог
Bal. or Market Value: 2//3/C	Eroni Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. of mm 'R/Bal. 7 mm
GIA / PR Soen: Consistent?: Yes or No	L/Bal 7
Est Repairs: 12 days Res.: Yes or No	D.O.A. 12/5/23 D.O.I. 15/5/2023
i Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OU	17 CISTAN, CIS Rea & UIC
The state of the s	The U/C / Chasals frame / Body Structure affected due to collision.
Date / Time Action / Instruction 252,629.Cu	
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CST NOT HOLY	
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	the second secon
Onta/Time, File Pass to? : Prell. Report	Days Of Repair:
Outs/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
15.53.3 341.3 33393.393	Transportation:
Add Fee	: Site insp (\$)_s-Rs_si
,	: Interview (\$), Finance
Report Format :	Theh law (S
.ump Sum / I.B.I: (S	
only contributed	Weekend (\$
	1014)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

 Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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 wilful misrepresentation or witnoiding or 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 Immediation.

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

13/05/2023 11:52 (SGT) **Date of Submission** Both Policyholder and Actual Driver Reported by 12/05/2023 16:50 (SGT) **Date of Accident**

Singapore Exact Location of Accident

Junction of Punggol Field and Edgedale Plains Additional Location Information

Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SKC1818E Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? NICHOLAS NG WEE SENG Name Of Registered Owner SXXXX178I NRIC No NIICKNG@GMAIL.COM **Email Address** (Phone) +65-82019789 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Estima Model **AERAS PREMIUM 2.4 CVT** Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2362

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd Policy Number / Cover Note Number 11386805

DRIVER

Name of Driver NICHOLAS NG WEE SENG SXXXX178I NRIC No 25/09/1989 Date Of Birth Occupation Indoor

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. The Formmust be completed by the Policyholder and/or the Authorised 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 repudiete 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 Repords Management Centre established by the General Insurers of the GIA Repords Management Centre established by the General Insurers of the GIA Repords (Management Centre established by the General Insurers of the GIA Repords (Management Centre established by the General Insurers of the GIA Repords (Management Centre established by the General Insurers of the GIA Repords (Management Centre established by the General Insurers of the GIA Repords (Management Centre established by the General Insurers of the GIA Reports (Management Centre established by the General Insurers of the GIA Reports (Management Centre established by the General Insurers of the GIA Reports (Management Centre established by the General Insurers of the GIA Reports (Management Centre established by the Gia Reports (Management Centre established by the General Insurers (Management Centre established by the Gia Reports (Management Centre established by th
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- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving at 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 andfor 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 :
- () processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (1) 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' law yers/law firms, may/are permitted to collect. #s, disclose and/or process my Personal Information for one or more of the above Purposes; and
- t) 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 faw firms), which may be sited outside of Singapore, for one or more of the above, Purp

of 5000 B (5) 589115 14 And Mr 16/1 St. Tol 1 8485 ga.mou.com Email: 64

licynologies Signature / Liane &

Driver's Signature (If driver is not the policyholder) / Duta 6 7770

Reporting Centre **VVICTOS** Parsonna

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T/20230512/7065

3 of 4

Report No. 1/20230512/7085

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

CONTINUATION OF REPORT

Brief Details

I do not have any videos/pictures when the accident happen, however I do have the pictures of it after the accident happened, but the other party has moved her car after the accident had happened. I were travelling along punggol field. Accident happened Punggol Field cross junction. Infront of block 172A Edgedale plains. I was going on straight when a car on the opposite direction turning right hit my right front bumper. The Traffic light was "in my favour" when I reached the First arrow nearest to the traffic light I notice that the opposite direction a car was turning right. I immediately sounded my horn and brake hardly but the car don't seem to notice me and did not slow down, hence it resulted in the accident.

The other party Vehicle number is SLR9894R Mazda 3.

My Carplate number is SKC1818E. Toyota Estima