ASS. REC. BY:	
ASSI	GNMENT
Col	Veh No: GBF 5398P Yr Regn: 12, 16
ering Estimated Cost:	Type: M.Car / M.Cycle / Bus / Yan Lorry / Taxi / Prime Mover /
OD (/TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: N/9 NV201 C.C 1461
10 inspect venicle No:	Colour Pilve A/C: Insured / Std / NI / NA
at Workshop m/s	Sp.Reading 108731 T/Radio: Insured / Std / NI / NA
locured:	Eng/No:
Policy No.	CNO: VSK YBAM 20 7 0133467
Claims No.	Gen. Cohd: Good / Fair / Poor / Burnt
Sum Insured; Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Cflent's Record)	Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: NIT) S/Rim / STD A/Rim or
1	
(Policy Condition)	Tyre Size: F: Yoko /75/70K16
Pamark: The veh had commenced its N/S O/S	
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM/ /
	TOYO / YOKO or
Bal. or Market Value: 26k	Econi Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 0 mm R/Bal. 0 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. mm U/Bal. mm
Est. Repairs: Oddays Res.: Yes or No	D.O.A. 1/8/24 D.O.I. 7/8/2024
i: Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear Y 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	
/ Tailou james PRS	
	the state of the s
EM you can \$6-7K	
R	
	The state of the s
The second secon	The second second distribution is the second of the second
Oato/Time, File Pass to? : Prell. Report	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
<u></u>	Trensportation
Oute/Time, File Return to?	
Add Fee	2: Site Insp (\$)s - RSSI
The second secon	: Interview (\$), Faxes
•	
Report Format :	
Lump Sum / I.B.I: (\$	Weekend (\$
and the same of	TOTAL
	1971 ML

olour

SN0724820005 / Income Insurance Limited ENTRY DATE & TIME: 02/08/2024 09:29 (SGT) SUBMITTED BY: Muhammad Farhan VERSION: 1 (02/08/2024 09:29 (SGT))

© SINGAPORE ACCIDENT STATEMENT

Aake: Colour Sp.Reading

Eng/No: CNO: Gen. Con Steering

> Brake: Mod!

> > Tyre

IMPURIANT 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 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 and or witholding of material facts may allow insurance companies to repudiate and or witholding of material facts may allow insurance companies to repudiate and or witholding of material facts may allow insurance companies to repudiate and or witholding of material facts may allow insurance companies to repudiate and or witholding of material facts may allow insurance companies to repudiate and or witholding of material facts may allow insurance companies to repudiate and or witholding of material facts may allow insurance companies to repudiate and or witholding of material facts may allow insurance companies to repudiate and or witholding or material facts may allow insurance companies to repudiate and or witholding or material facts may allow insurance companies to repudiate and or without the provided must be accurate as possible.

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.

2. Any talse 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 First Submission Reported by **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

02/08/2024 09:29 (SGT) **Actual Driver** 01/08/2024 10:20 (SGT) Singapore CTE(CITY) BEFORE EXIT 11 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBF5398P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address**

Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Yes

ZOAA PRO PTE LTD

201920828C

ZOAAPROFESSIONAL@GMAIL.COM

(Phone) +65-98896488

Nissan Nv200

Employment

No - Claiming third party

Commercial vehicle

Manual

730

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5132244337-01

DRIVER

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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 aforesald.
- 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' (awyers/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 the property of the above Purposes.), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 02/08/24 0900h Driver's Signature (if driver is not the policyholder) / Date & Time 02/08/24

09004-

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)