(08/11/13) wef ASS. REC. BY: MCre6	EF: CS/C	PBE 2000 \$200 U	vf3
ASS. REC. BY: 79 CV 14		SIGNMENT	712
		Veh No: 68H 6718	PT Yr Regn: \$ 118
From: Date:			Yr Regn: // 0
Estimated Cost:			1,140/16/16/17
OD I TP I WS I TP RES I OD RES I EVA I IN	6714T	Truck/Trailer or (N	
		Make: Toyota	A/C: Insured / Std / NI / NA
A Tromonop tivo	LEA	Colour Sipuer	
of the state of th		Sp.Reading 47 499	T/Radio: Insured / Std / NI / NA
nsured:		Eng/No:	[2/4/102//
Policy No.		Gen. Cond: Good / Fair / Poor / I	35/50 K211203
Claims No.		_	
Sum Insured: Exces	S.	Steering: Horder / Jammed / Lea	24
(Client's Record) Make of Veh:		Brake: Inorder / Jammed / Lea Modi: Wil LS/Rim / STD A/Ri	aked / Bullit of
Hand Of Yoth.			95-R15
(Delian Candillan)			
(Policy Condition) Remark: The veh had commenced its	N/S O/S		55.212
repair at the time of inspection.	14.0	TOYO KOKO or	LIZA / MIC / OHTSU / PIR / SUMI /
Bal, or Market Value: 481.			Dane
Jan or manner raise.	t? : Yes or No	Front R/Bal.	R/Bal. S/S mm
	t?: Yes or No	L/Bal mm	R/Bal. S/S mm
311 7 7 11 333111	: Yes or No	D.O.A. 13/4/20	D.O.I. 16/4/20
au,	II.: Yes or No	Survey held at	-
CA / REV / REP. / 24 HRS	MC	Des. of Damages : Frt / Rear / G	
Date: Person Contacted:	Vehicle: IN / OUT		
Date / Time Action / Instruction	44 26468	The U/C / Chassis frame / i	Body Structure affected due to collision.
**************************************	owerty Estin	ole	
			1
ete/Time, File Pass to? : Preli. Rep		Days Of Repair:	
: Final Repo	ort	Resurvey No. of Trip:	Survey Fee:
ate/Time, File Return to?	A-1-1-		Transportation:
	Add Fee)S+RS,SI
annut Format		: Interview (\$) Photos
eport Format :		:Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$)	: Weekend (\$)

TOTAL

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

2. The Form must be completed by the Policyholder and/or the Authorised Driver.

3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or witholding of material facts may allow insurance companies to 3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation of policy liability on the part of the insurance companies.

4. The issue and acceptance of this 1 own by insurance companies is not an admission to the position by the General Insurance Association of Singapore (GIA) for S. 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 across high and that copies of this report will fer a fee, be made available upon application by interested parties.
7. By the lodgement of this report will fer a fee, be made available upon application by interested parties.

aforesaid.					
	ACCIDENT STATEMENT				
Date Of Report	13/04/2020 15:51				
Date Of Accident	13/04/2020 09:10				
Exact Location Of Accident	JUNC OF JLN TERUSAN & JLN BESUT				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	GBH6714T				
Insured/Policyholder					
Name Of Registered Owner	HEE HUAT TYRE & BATTERY SERVICE				
Co Reg No	5XXXX221C				
Email Address	NOEMAIL				
Mobile Phone No					
Alternative Phone No	OFFICE-96164502				
Vehicle Particulars					
Manufacturer	тоуота				
Model	DYNA 150 5MT				
Exact Purpose for which vehicle was being used at time of accident	WORK				
Are you claiming under your own insurance policy for repair to your vehicle?	NO				
f No, Please state action to be taken	THIRD PARTY				

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5103097833-01

Cover Note Number

Driver

Name of Driver TAN HEE HUAT NRIC No SXXXX060D Date Of Birth 06/11/1961 Occupation OUTDOOR Date Of Driving Pass 19/10/1983

Driving Experience 36 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96164502

Fax Number Contact Number

EMail Address NOEMAIL

BLK 136 MARSILING RD #01-2172 Address 730136 Was driver an employee of the Insured's Company NO OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG JLN TERUSAN, SUDDENLY VEH B COMING OUT FROM THE JLN BESUT WITHOUT STOP AT THE STOP LINE AND HIT ONTO MY VEH LEFT HAND SIDE, MY VEH WAS SUFFER SERIOUS DAMAGE ON MY LEFT HAND SIDE AND THE STUFF(AIR CONPRESSOR) I CARRY ALSO DAMAGE, PLEASE REFER TO PHOTO.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

VIDEO FOOTAGE TOO LARGE Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

COMMERCIAL VEHICLE

XE916Y

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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 Authorised Drivet.
- 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
- 5. Any false reporting may be referred to the Police for investigation.
- The 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
 Interest of the Communication of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of
- 8. Consent under the Personal Data Protection Act (PDPA)

nderstand, 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 transfet 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

HEE HUAT TYRE & BATTERY SERVICE

Bilk 133 Jurong Gateway Road #04-299 Singapore 600133

HP- 9616 4502

Policyholder's Signature

Date & Time:

Heekins Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

Accident Sketch Plan

E A			A = GEH 6714T
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DESCRIBE CIRCUMSTANCES	OF THE ACCIDEN	VT	
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CIADATION			
	ars are true in ever	ry respect.	
CLARATION declars the foregoing particul VIAT TYRE & BAITERY 33 Jurong Gatoway Road Singapore 600133	ars are true in ever SERVICE #04-299		At.

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Business	
Owner ID:	221C	
Vehicle Details		
Vehicle No.:	GBH6714T	
Vehicle to be Exported:	No	
Intended Deregistration Date:	16 Apr 2020	
Vehicle Make:	TOYOTA	
Vehicle Model:	DYNA 150 5MT	
Primary Colour:	Silver	
Manufacturing Year:	2018	
Engine No.:	1KD2815009	
Chassis No.:	JTFAT35Y50K211203	
Maximum Power Output:		
Open Market Value:	\$27,082.00	
Original Registration Date:	27 Aug 2018	
First Registration Date:	27 Aug 2018	
Transfer Count:	0	
Actual ARF Paid:	\$1,355.00	
Intended PARF Rebate Details	<u> </u>	
PARF Eligibility:	No	И
PARF Eligibility Expiry Date:		
PARF Rebate Amount:	\$0.00	
Intended COE Rebate Details		
COE Expiry Date:	26 Aug 2028	
COE Category:	C - Goods Vehicle & Bus	
COE Period(Years):	10	
PQP Paid:	\$25,756.00	
COE Rebate Amount:	\$21,532.00	
Total Rebate Amount:	\$21,532.00	

The information contained herein is correct as at 16 Apr 2020

ОК