ASSIGNMENT

From Dale	Veh No: GBB7281A Yr Regn JOJ9 / DC					
Estimated Cost:	Type M.Car / M.Cycle / Bus (Van) / Lorry / Taxi / Prime Mover /					
QD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or					
To Inspect Vehicle No:	Make: Volkswuser Caddy as 1896					
at Workshop m/s	Make: Volkswager Caddy of 1896 Colour While A/C. Insured/Std/NI/NA					
of	Sp.Reading /86314 T/Radio: Insured / Std / NI / NA					
Insured:	Eng/No:					
Policy No.	C/No: WYIZZZZKZAXO12213					
Claims No.	Gen. Conv. Good / Fair / Poor / Burnt					
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or					
(Client's Record)	Brake: Gorder / Jammed / Leaked / Burnt or					
Make of Veh:	Modi: Nil (S/Rim) STD A/Rim or					
	Tyre Size: F: 185/65 R15					
(Policy Condition)	R: 185/65RIS					
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA MID / 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. 86 mm R/Bal. 86 mm					
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm					
Est. Repairs:days Res.: Yes or No	D.O.A. D.O.I. 05/06/20					
Lum Sum: % 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					
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision					
Date / Time Action / Instruction	The GO T Gradual Halle T Body Gradual and an array					
1P China.	COE Expiry: 21 12 24.					
	· I · ·					
mv: いた lump sum \$5000, 6days (red: 11,073.59; 68%)						
アV: 11:61C (red: 11,073.59; 68%) Nett: 5.4に、						
Meil , 3 ME						
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 6					
TON. NOPOTE	Resurvey No. of Trip: Survey Fee:					
Date/Time, File Return to?	Transportation:					
2) Add Fee						
	: Interview (\$) Fholos					
Fepoti Forms) :	: Tech. Invs (3) oner.					
Lump Sum ILBE Co. I/s 5000	Market and the					
Property and the second	A real part of the control of the co					

MVA320049463 / VAC - Køki Bukit ENTRY DATE & TIME: 04/06/2020 10 43 SUBMITTED BY SITI FADHLON BTE ABDUL KADER

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 Authorised 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.

aforesald.	
	ACCIDENT STATEMENT
Date Of Report	04/06/2020 10:43
Date Of Accident	03/06/2020 16:40
Exact Location Of Accident	ALONG PIE TWRDS TUAS BEFORE PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
Country/Citate of 2000	DETAILS OF OWN VEHICLE

	DETAILS	OF (NWC	VEHI	CLE

GBB7281A Vehicle Registration Number

Insured/Policyholder

NOVA DIAGNOSTICS PTE. LTD. Name Of Registered Owner

2XXXXX398D Co Reg No

NOVA1@SINGNET.COM.SG **Email Address**

Mobile Phone No

OFFICE-88792980 Alternative Phone No

Vehicle Particulars

VOLKSWAGEN Manufacturer CADDY 1.9 TDI Model

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?

NO

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy

5069436858-05 Policy Number

Cover Note Number

Driver

WONG KAM CHUEN Name of Driver

SXXXX263C NRIC No 06/06/1958 Date Of Birth OUTDOOR Occupation 07/07/1988 **Date Of Driving Pass**

31 YEARS AND 10 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-88792980 Mobile Number

Fax Number

Contact Number

NOEMAIL FMail Address

ddress

202 LOYANG AVENUE #04-04

Postcode

509059

Was driver an employee of the Insured's Company YES

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

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED;

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBH8108E

Vehicle Make/Model/Colour

TOYOTA / DYNA 3.0 M

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

CHEN XIAOJUN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> 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 Police for investigation.
- 6. 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 interested parties
- 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 the report being made available aforesald.
- 8. Consent under the Personal Onta 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
 - (ii) 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 fincluding 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.

IDAC KAKIBUKIT (VAC) 23 Kaki Bukit Ava 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: varkingvicom.com.eg

Policyholder's Signature

Date & Time: 1730

3/6/2.0

(If driver is not the policyholder)

Oriver's Signature

Date & Time: 1730 3/6/20

Reporting Centre Personnel's Signature Name NRIC/FIN No.:

SKETCH PLAN		
A A	DIE tuds Tuas	Veh A: GBB7281A Von B: GBH8108E
8	D H	
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
		5 my vahrde A (GBB7281A)
traveling along PIE	tools Tools on third	kne of a 3-lines, expressing.
		, vehide ahead was stationery aside
		As such, I applied brake
and hanted to fitte	r to the right lane.	Out of sudden, vehicle 8
(FBH8108E) came	from mar and coll	ideal directly onto the rear
portion of my wh	ide. After the first	impact, vahicle B couldn't
stop on time and	cause multiple impact	onto my walnote:
		IDAC KAKIBUKIT (VAC)
DECLARATION I/We declare the foregoing particulars (a sage for a	are true in every respect.	23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vaci basvicom.com.sig
Policyholder's Signature Date & Time: / 730	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 398D

Vehicle Details

Vehicle No.:GBB7281AVehicle to be Exported:NoIntended Deregistration Date:06 Jun 2020Vehicle Make:VOLKSWAGENVehicle Model:CADDY 1.9 TDI

Primary Colour: White
Manufacturing Year: 2009
Engine No.: BLSA81394

Chassis No.: WV1ZZZ2KZAX012213

Maximum Power Output:

Open Market Value:\$28,873.00Original Registration Date:22 Dec 2009First Registration Date:22 Dec 2009

Transfer Count: 2

Actual ARF Paid: \$1,444.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: PARF Rebate Amount: \$0.00

Intended COE Rebate Details

 COE Expiry Date:
 21 Dec 2024

 COE Category:
 E - Open Category

COE Period(Years): 5

 PQP Paid:
 \$12,789.00

 COE Rebate Amount:
 \$11,613.00

 Total Rebate Amount:
 \$11,613.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 06 Jun 2020

ОК

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