ASS. REC. BY: Store NEF: CS3/AIG 25	7908 743 /9 f 7
ASS	GNMENT
From: Date	
Eslimated Cost:	Veh No. SCM 666 Yr Rogn: 5/6/14.
OD (IP) WS/ JP RES/ OD RES/ EVA/ INV/ MY	Truck / Trailer or
To Inspect Vehicle No:	(A) 4250 (A)
al Workshop m/s	C.C 7307
of	Sp. Rending COLO T/Radio: Insured / Std / NI / NA
Insured:	Sp.Rending XO / U T/Radio; Insured / Std / NI / NA Eng/No;
Policy No.	The state of the s
Claims No. 8905538599SG	Gen. Cond: Good (Fpl) / Poor / Burnt
Sum Insured: Excess:	Sleering: Inerder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modl: NII / S/RIM / STD A/RIM or
	Out India -
(Policy Condition)	Tyre Size: F: 245/WR19
Remark: The veh had commenced its N/S O/S	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:	TOYO / OKO or
IDAC Accident Rport: Consistent? : Yes or No	Fron Rear
	R/Bal. 4 mm R/Bal. 4 mm
	UBal. 4 mm UBal. 4 mm
Est. Repairs: 5 days Res.: Yes or No	D.O.A. 17/8/20 D.O.I. 21/8/20
Lum Sum: % 3 Val.: Yes or No	Survey held at Tri King Auto
CA I REV I REP. I 24 HRS	Des. of Damages : Frt (Rea) / O/S / N/S / U/C / Rooftop or
Dale: Person Contacted: Vehicle: IN / OUT	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
MV-69K	•
24/08/20 Submit DAR.	
Date/Time, File Pass 10? . Prell. Report	Days Of Repair: 5
1)24/08 Typist : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee:	
	: Interview (\$) Photos
Fep Forme: MER-DAR	: Tech linvs (\$
Lump Sun / LEA: Co	:Weelend (\$
	and the second s
*	: YOTAL

MOTORCAR (Rear)

ACTIONIAC)
(1)Replace (/) (2)Repaid() (3)Check ()
(4)Not Consistent NC) Vehicle No: SCM 66 G

Rear P	INC	Item	CON	AC	Q	y
1137	993626	Rear Number Plate	(111	V		1
1138	003627	Rear Number Plate Base	CHI	v		
1139	993630	Rear Number Plate Garnish	1		T	٦
1140	993632	Rear Number Plate Lamp				
1141	992958	Rear Bumper	00	V	1	
1142	003085	Reat Bumper Upper				
1143	993017	Rear Bumper Lower				
1144	993054	Rear Bumper Side				
1145	993103	Rear Bumper Tow Cover			L	
1146	992341	Rear Bumper Clips	NEC	V	1	
1147	992976	Rear Bumper Bracket				
1148	993068	Rear Bumper Side Retainer	BR	V	1	
1149	993045	Rear Bumper Reinforcement			I	_
1150	992970	Rear Bumper Beam				
1151	993077	Rear Bumper Sponge				
1452	992999	Rear Bumper Damper				
1153	993040	Rear Bumper Protector	18			
1154	993036	Rear Bumper Pad				
1155	993026	Rear Bumper Moulding				
1156	993044	Rear Bumper Reflector				
1157	993023	Rear Bumper Lower Spoiler	v	9		
1158	994023	Reverse Sensor	DM	V		
1159	993327	Rear End Panel		K		
	993339	Rear End Panel Top Garnish	rut	1		
1161	993333	Rear End Panel Inner Trim		T		
		Boot Compartment Inner Trim				•
		Rear LH Taillamp				
		Rear LH Taillamp Garnish			1	
		Rear LH Taillamp Panel			, 1	
		Rear RH Taillamp		1	!	
		Rear RH Taillamp Garnish	•	T		
		Rear RH Taillamp Panel	14			
		Rear Apron Panel				
	992895					
		Bootlid Emblem				
		Bootlid Handle	4 10 0	31		_
		Bootlid Moulding		_		
		Bootlid Reflector		1		
1175		Bootlid Lamp LH		1		
		Bootlid Lamp RH	_	+	7	
		Bootlid Lock				
		Bootlid Rubber	_	-	-	-
		Bootlid Hinge	\neg	+		
		Bootlid Spoiler		F -		
1181		Tailgate	00			
1182					Y	
		Tailgate Emblem	NIE	0		_
1183		Tailgate Outer Handle		-		_
1184		Tailgate Moulding	- 777	, 1	٠,	_
1185		Tailgate Garnish	BA			_
1186		Tailgate Reflector		_		L
1187		Tailgate Lamp	M		/	
1188	994646	Tailgate Protector				Γ
1189		Tailgate Wiper Arm				Г
1490	994677		_	-		T
1191	994679	the state of the s		-		+
1192	994555			-		+
					-4.	+
1193	994602				,	+
1194	994606		1//	5.0	~	1
1195	994604					1
1196	994607			EC	1	1
1197	994629	Tailgate Lock	R		V	1
1198	994651					T
199		Tailgate Hinge	_			+
200		Tailgate Damper			-	+

1200 | 994594 | Tailgate Damper

	35	Vehicle No:	JCW	00			
NAC	INC	Item	(5)(2)	CON	AC	Qty	
1202	993784	Spare Tyre Board					
1203	994328	Spare Tyre Panel					
1204		Spare Tyre					
1205	994326	Spare Tyre Lock Sci	rew				
1206	993787	Spare Tyre Cover					
1207		Triangle Breakdown	Sign				
1208		CD Changer Assy					
1209		Antenna					
1210		Centre Exhaust Pipe	c Assy				
1211		Centre Exhaust Mo			1		
1212		Rear Exhaust Pipe		1	\top		
1213	993357	Rear Exhaust Chro	me Pipe				
1214		Rear Exhaust Mour		1			
1215		Rear Exhaust Heat	Shield	1			1
1216	995223	Rear LH Chassis M	1cmber				1
	993163	Rear RH Chassis N	Acmber				1
		Rear LH Fender		1			1
1219	99344	Rear LH Fender P	rotector		1		1
		Rear LH Fender In					7
		1 Rear LH Fender In			+		7
		5 Rear LH Fender In			+	\top	7
1223	_	Rear LH Fender In		-	1	1	7
		Rear LH Mudflap		-	1	\vdash	7
1229	00102	3 Rear LH Wheel R	im	-	\dashv	-	1
		5 Rear LH Rim Cov		_	-	-	-
		5 Rear LH Tyre	/G	_	\dashv	-	⊣
		6 Rear RH Fender		-	-	-	\dashv
		0 Rear RH Fender I	D11	-	-	+	\dashv
1229				+	-1	\dashv	
1230		20 Rear RH Fender I		-	-	-	-
123		Rear RH Fender		-	-	-	
		15 Rear RH Fender		1		-	-
_		25 Rear RH Fender		_	1		_
123	4 99362	22 Rear RH Mudfla	Р	-	2	\vdash	
		34 Rear RH Wheel		_		1	_
123		25 Rear RH Rim Co	over	_		1	
		65 Rear RH Tyre				\sqcup	
_		62 Rear Fender Ext		$\overline{}$		\perp	\dashv
-		01 Rear Fender Ext					
		30 Rear Fender Inn		sh			
124		73 Rear Fender 1/4					
124		52 Rear Fendér 1/4					
124	13 9934	53 Rear Fender 1/4	Glass Sealar	nt			
124		149 Rear Windscree					
124	15 9939	76 Rear Windscree	n Rubber				
124		061 Rear Windscree					
12		755 Rear Windscree		-	8		
		729 Third Brake Li		•	-	-	\vdash
-		385 Renr Fender Ai		- 10		-	1-
		167 Fuel Lid	Offic		-	-	+-
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		168 Fuel Neck			-	_	-
		179 Fuel Tank			1	-	1
-		184 Fuel Tank Bra			_	_	
		191 Fuel Tank Floa	at	- committee	1		
161	361 990	247 Sticker					
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	1770						

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.

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

ACCIDENT: STATEMENT

18/08/2020 17:39 Date Of Report 17/08/2020 17:25 Date Of Accident

ALONG ANG MO KIO AVE 8 TOWARDS ANG MO KIO AVE 6 **Exact Location Of Accident**

SCM66G

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

TOH GHIM CHUAN (ZHUO JINCHUAN)

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner

SXXXX119G NRIC No GHIMCHUAN.TOH@GMAIL.COM **Email Address**

Mobile Phone No (LOCAL) +65-96665792

OFFICE-96665792 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer **ESTIMA** Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Vehicle Category

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5109205437-01 Policy Number

Cover Note Number

Driver

TOH GHIM CHUAN (ZHUO JINCHUAN) Name of Driver

SXXXX119G NRIC No 03/07/1980 Date Of Birth INDOOR

Occupation 07/11/2007 **Date Of Driving Pass**

12 YEARS AND 9 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96665792 Mobile Number

Fax Number

OFFICE-96665792 Contact Number

EMail Address GHIMCHUAN.TOH@GMAIL.COM

Page 1 of 17

Address

592 YISHUN RING ROAD #09-11 SINGAPORE

768695

Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OWNER

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

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3 NAME:

: CINDY WOON

Passenger 1

GENDER:

: FEMALE

Passenger 2

NAME:

: ELLIE TOH

GENDER:

: FEMALE

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 TO ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO SENT TO NTUC

Was there any audio recorded?

NO

IDETAILS OF OTHER VEHICLE PROPERTY 18

Vehicle Registration Number

GBG1578H

Vehicle Make/Model/Colour

TOYOTA / DYNA / SILVER

Details Of Properties

Vehicle Category Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

LIM BOON KAK

SXXXX821I

Contact Number

Address

90689331

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 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 <u>repudiate policy liability</u>.
- 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.
- 2 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 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)
 - 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,
 - fail 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
- 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
 - (4) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing frauding regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (a) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature Date & Time 18/812000

4 50mm

Driver's Signature

(if driver is not the policyholder)

Date & Time 18/8/2000

450pm

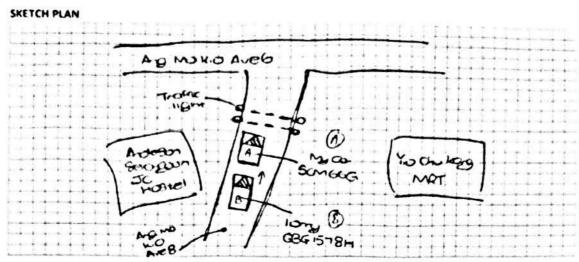
Reporting Centre Despriner's Signature

Name

NRIC/FIN No

. ·) 🔩

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17 Ag 200 5.05pm, I was on the way, mak have offer feeting my chageners
whe framazone we support or me matter igne junction a overof Andrews
GOODDON IN COURSE HOSEL O AS MUKIN AR 8 - a red light relicion.
were to the good we must of a be as the to am in from (there is
agree of cor of from). The rest angue know the long GRG 578H banged
mor co scheog for all to.
ar votes como (rear use) sound the lang of or was looking dun a stremp
refue dring 16 by to me are con the boy drive come down so a and opagine
for account a the acked me to go to he workshop to sente hat I told him
I prefer to move a report of IDAC & claim his revolute the good his company
will offer on the motion.
Thatya

DECLARATION

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

Policyholder's Signature

Date & Time (3/8/2000)

Driver's Signature (If driver is not the policyholder) Date & Time 18/3/222

4570m

Reporting Centre Paranel's Signature

Name NRIC/FIN No :