ASSIGNMENT

From Dale: -	veh No: SLL 7030L . rr Regn: 2017, March					
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /					
OD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or					
To Inspect Vehicle No:	Make: Horder Vezel. Hybrid c.c 1496.					
at Workshop m/s	Colour Grote Bronze A/C: Insured/Std/NI/NA					
of	Sp.Reading 208057. T/Radio: Insured / Std / NI / NA					
Insured:	Eng/No:					
Policy No.	C/No: RU31216622.					
Claims No.	Gen. Cond: Good) Fair / Poor / Burnt					
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or					
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or					
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or					
	Tyre Size: F: 215/63 R16					
(Policy Condition)	R: 215/60R16					
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / 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. 06 mm R/Bal. 06 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. 17/11/20					
Lum Sum: % 3 Val.: Yes or No	Survey held at Modern					
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						
TP Ergo.						
mv: 60K						
PV: 357K						
Nett, 243K						
Dale/Time. File Pass lo? : Prell. Report	Days Of Repair:					
Commence of the commence of th	Resurvey No. of Trip: Survey Fee:					
Date/Time. File Polium in?	Transportation:					
and Fee						
	Interview (3) Floids					
Pepori Forms:	: Fech, Inv. G					
Emig. Some / LEde : 1	"Marilan					
	PAN DATE					

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.

State of the state	ACCIDENT STATEMENT
Date Of Report	16/11/2020 11:47
Date Of Accident	14/11/2020 16:05
Exact Location Of Accident	YISHUN AVE 2 (BESIDE YISHUN MRT JUNCTION)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL7030L
Insured/Policyholder	
Name Of Registered Owner	JUSTINTAN
Co Reg No	5XXXX176D
Email Address	TANCHINKHOON@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97490558
Alternative Phone No	OFFICE-97490558
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE SERVICE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088231702
Cover Note Number	
Driver	
Name of Driver	TAN CHIN KHOON
NRIC No	SXXXX568H
Date Of Birth	11/02/1956
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1982
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97490558
Fax Number	

TANCHINKHOON@YAHOO.COM

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 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 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 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)
 - (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.

JUSTINTAN Reg. No. 53342176D

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No .:

Reporting Centre Name:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle: Owner Particulars	在1966年,其中经济市区的基础的。
Owner ID Type:	Business
Owner ID:	176D
Vehicle Details	
Vehicle No.:	SLL7030L
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Nov 2020
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID 1.5X AUTO
Primary Colour:	Brown
Manufacturing Year:	2016
Engine No.:	LEB5916635
Chassis No.:	RU31216622
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$25,010.00
Original Registration Date:	07 Mar 2017
First Registration Date:	07 Mar 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
intended PARF Reparte Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Mar 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	06 Mar 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$50,621.00
COE Rebate Amount:	\$31,885.00
Total Rebate Amount:	\$35,635.00

The information contained herein is correct as at 17 Nov 2020

Insurance





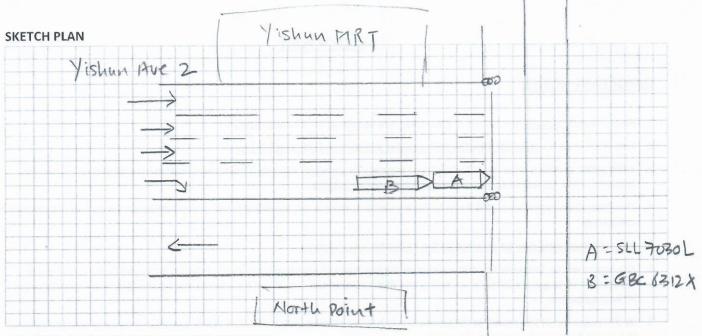




e[2]

88 Motor Trading

1 Owner! Full Loan Available \$1030, We Can Help To Convert To Z10 Usage If Needed. In House Loan Or Bank Loan Available! Fast, Easy And Flexible Loan Approval! Buy With Confidence! Viewing And Test Drive Available Daily Including Weekend From 10.30 A.M. To 6.30 P...



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Stop	red at	tue	traffic	1786	t u	saiting	tu rigi	ut
turn .	Sudde	nly	traffic Vehicle ion.	`B1	hid	directly	1 onto	cury
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	- 14-17-1							

DECLARATION

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

JUSTINTAN Reg. No: 53342176D

Policyholder's Signature

Date & Time:

16/11/20

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

200501102H

Name:

NRIC/FIN No .:

Address BLK 582 BUANGKOK GREEN #10-528

Postcode 530582

Was driver an employee of the Insured's Company NO

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

2

1

NO

NO

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I STOPPED AT THE TRAFFIC LIGHT WAITING TO RIGHT TURN. SUDDENLY VEHICLE B HIT DIRECTLY ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

91461288

Vehicle Registration Number GBC6312X
Vehicle Make/Model/Colour TOYOTA DYNA

Details Of Properties

Vehicle Category GOODS VEHICLE
Name of Driver ZHANG BIN BIN
NRIC/Passport Number GXXXXX394N

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)