ASS. REC. BY: Marcus REF: CS/SMO2	0012876/UVf3
	GNMENT
From: Date:	Veh No: 6BJ1468E Yr Regn: 11 /1, 19
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Yam / Lorry / Taxi / Prime Mover /
OD /(TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or A 7
To Inspect Vehicle No: 6871455	Make: NISSAN NV200 c.c 1597
at Workshop m/s	Colour Ground A/C: Insured / Std / NI / NA
of	Sp.Reading 23502 T/Radio: Insured / Std / NI / NA
Insured: 1442 669 8M	Eng/No:
Policy No.	C/No: VM20129437
Claims No.	Gen. Cond: Good Pair / Poor / Burnt
Sum Insured: Excess:	Steering: Morder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or =
Make of Veh:	Modi : Nij) S/Rim / STD A/Rim or
	Tyre Size: F: 164/fo 214
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S	BS J BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	τογο γοκο or
Bal. or Market Value: 444 K.	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 21/11/20 D.O.I. 23/11/20
Ltm Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS 612 h	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	Ree 015, 21 0/5.
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
27A \$ 20823 have 6,4	
Date/Fire File December 1	
	Days Of Repair:
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
	Transportation:
2) Add Fee	
Report Format :	
Lump Sum / I.B.I: (\$: Tech. Invs (\$) Others
	TOTAL

MVA320103620 / VAC - Kaki Bukit ENTRY DATE & TIME: 23/11/2020 10:22 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/11/2020 10:22
Date Of Accident	21/11/2020 14:15
Exact Location Of Accident	AYE TWRDS CTE(BEFORE LOWER DELTA)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ1458E
Insured/Policyholder	
Name Of Registered Owner	COOKIE CULTURE PTE. LTD.
Co Reg No	2XXXXX612H
Email Address	ENQUIRIES@COOKIE-CULTURE.COM
Mobile Phone No	(LOCAL) +65-97979577
Alternative Phone No	OFFICE-97979577
Vehicle Particulars	
Manufacturer	NISSAN
Model	NISSAN / NV200 1.6DX VANETTE AUTO
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
If 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 5106882530-01

Cover Note Number PREFERRED WORKSHOP PLAN

Driver

Name of Driver LOW KIAH LIM PAULINE(LIU JIALIN PAULINE)

 NRIC No
 SXXXX365E

 Date Of Birth
 11/01/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 26/06/2012

Driving Experience 8 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97979577

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 182A WOODLANDS STREET 13 #27-725

Postcode 731182

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

11 140, 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 CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

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

NO 3

Was any body injured in the Accident?

YES

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 NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

4

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

YL6698M

Vehicle Make/Model/Colour

ISUZU / NPR71L

Details Of Properties

Vehicle Category

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGX5113R

Vehicle Make/Model/Colour

PROTON / WAJA1.6A

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LOW KIAH LIM PAULINE(LIU JIALIN PAULINE)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

GBJ1458E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address

BLK 182A WOODLANDS STREET 13 #27-725

Postcode

731182

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 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 GtA 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
- 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:

- 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 administring, processing, handling and/or dealing with my claims.(collectively the "Purposes"
- 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.
- 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.

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder) Date & Time:

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sq.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No. 2 3 NOV 2020

Accident Sketch Plan

cyholder's Signatura	Driver's Signature	-	Fel: 67416697 Fall Email: vackb@vic	com.com.sg
CLARATION /e declare the foregoing particular	rs are true in every respect,		IDAC KAKIBU 23 Kaki Bukit Ave Singapore 4	4 #02-02 15933
2 curcus chain	W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
car Moved forward 3 Vehicles chain c	and the second state of the second se	ont vehicle.	l was involved	in q
Stopped. I tollow	· Puddenty I felt	an impact floor	m My 1891 and	MY
Towards CTE (Be-	fore Lower Delta) In front t	he Yehicle slow	down and
On 21. 11-2020	at about 2.15	pm. I was th	lavelling along	AYE
ESCRIBE CIRCUMSTANCES O	OF THE ACCIDENT			
	B			
	A	(·)	SGX 51131	\
		B)	11 6698 M	
	Α	A.)	GBJ 1428E	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

vner ID Type:	Company
ner ID: hicle Details	612H
chicle No.:	GBJ1458E
chicle to be Exported:	No
ended Deregistration Date:	23 Nov 2020
hicle Make:	NISSAN
ehicle Model:	NV200 1.6DX VANETTE AUTO
imary Colour:	Grey
anufacturing Year:	2018
ngine No.:	HR16135625D
nassis No.:	VM20129437
aximum Power Output:	-
pen Market Value:	\$17,679.00
riginal Registration Date:	11 Jan 2019
rst Registration Date:	11 Jan 2019
ansfer Count:	0
ctual ARF Paid: tended PARF Rebate Details	\$884.00
ARF Eligibility:	No
ARF Eligibility Expiry Date:	-
ARF Rebate Amount: tended COE Rebate Details	\$0.00
OE Expiry Date:	10 Jan 2029
OE Category:	C - Goods Vehicle & Bus
DE Period(Years):	10
QP Paid:	\$25,608.00
OE Rebate Amount:	\$20,823.00
otal Rebate Amount:	\$20,823.00

The information contained herein is correct as at 23 Nov 2020

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\$51,800

\$49,800

\$50,800

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