(08/11/13) wef ASS. REC. BY: Marcus REF: C53/SM0	200/3138/443
ASSI	GNMENT
•	1 / -
From: Date:	Veh No: GBF7918B Yr Regn: 10/3/17 Type: M.Car / M.Cycle / Bus / Lar / Lorry / Taxi / Prime Mover /
Estimated Cost:	
OD / FP) WS / TP RES / OD RES / EVA / INV / MV	Truck/Trailer or (m)/
To Inspect Vehicle No: GBF 791813	Mare. 109579 11124
at Workshop m/s Ene has Commber	Colour S. Lucy A/C: Insured / Std / NI / NA
at Workshop m/s Enghy Sery nowler of All 1 Pandon 1007 # 01-D2 9.30	Sp.Reading 2/2777 T/Radio: Insured / Std / NI / NA
Insured: SM 7 3790x	Eng/No:
Policy No.	C/NO: JTFH TO2PODO2 15096
Claims No.	Gen. Cond Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Norder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi : (Nji) S/Rim / STD A/Rim or
	Tyre Size: F: /95 ~ ~ 15
(Policy Condition)	R:
(Policy Condition) 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
On winter 10 a Ven and No	5 DIDS
IDAC Accident Rport: Consistent? : Yes or No	100
GIA / PR Seen: Consistent? : Yes or No	10
Est. Repairs:	D.O.A. 6/10/20 D.O.I. 30/6/21
Lum Sum: % 3 Val.: Yes or No	Survey held at @ 9. 400m
CA / REV / REP. / 24 HRS WALTE BON	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	ols Rea
Date: Person Contacted: 9622030	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction / LTA at 95 28-6-1	\$
this to 274 at 95 26.6-4	
2 accident	
11. Resurvey on x/7/M @ 2.7).('2m_ ,
5/1/11 Repair roye 1500-21-	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
The interport	Resurvey No. of Trip: Survey Fee:
1) : Final Report Date/Time, File Return to?	Transportation:
2) Add Fee:	
Addition	Interview (\$) Photos
Report Format :	Tech Invs (\$) Others

: Weekend (\$

TOTAL

Lump Sum / I.B.I: (\$

> Back to OneMotoring

vner ID Type:	Company
wner ID: ehicle Details	562N
Vehicle No.:	GBF7918B
Vehicle to be Exported:	No
ntended Deregistration Date:	28 Jun 2021
Vehicle Make:	TOYOTA
Vehicle Model:	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	1KD2681305
Chassis No.:	JTFHT02P000215096
Maximum Power Output:	-
Open Market Value:	\$27,952.00
Original Registration Date:	10 Mar 2017
First Registration Date:	10 Mar 2017
Transfer Count:	1
Actual ARF Paid: ntended PARF Rebate Details	\$1,398.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount: ntended COE Rebate Details	\$0.00
COE Expiry Date:	09 Mar 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$46,430.00
COE Rebate Amount:	\$26,422.00
Total Rebate Amount:	\$26,422.00

The information contained herein is correct as at 28 Jun 2021

ОК

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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.

	ACCIDENT STATEMENT		
Date Of Report	09/11/2020 14:50		
Date Of Accident	06/11/2020 13:30		
Exact Location Of Accident	TOH GUAN EAST (ENTERPRISE HUB)		
Country/State of Loss	SINGAPORE		

PROSPER TRADING PTE LTD

PROSPERTRDG@SINGNET.COM.SG

GBF7918B

OFFICE-62661281

WORK PURPOSE

THIRD PARTY

COMMERCIAL VEHICLE

COMPREHENSIVE

NTUC INCOME INSURANCE CO-OPERATIVE LTD

TOYOTA HIACE

NO

NO

5119269854

	DETAILS OF OWN VEHICLE
--	------------------------

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner

Co Reg No 2XXXXX562N

Email Address

Mobile Phone No

Alternative Phone No

Vehicle Particulars

Manufacturer 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?

If No. Please state action to be taken

Vehicle Category Insurance Company

Name of Insurance Company

Type Of Coverage

Fleet Policy

Policy Number

Cover Note Number

Driver

Name of Driver **GOH TECK YONG** NRIC No SXXXX388B Date Of Birth 03/12/1960 Occupation **OUTDOOR** Date Of Driving Pass 04/07/1981

Driving Experience

Gender

Mobile Number

Fax Number

Contact Number **EMail Address**

OFFICE-62661281

39 YEARS AND 4 MONTHS

(LOCAL) +65-91472559

NOEMAIL

MALE

Page 1 of 15

BLK 30 TELOK BLANGAH RISE Address

#09-314

NO

Postcode ' 090030

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR Road Surface DRY

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? NO

Was any injured conveyed to hospital by 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) 0

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 STATEMENT AND SKETCH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMT3790Z

Vehicle Make/Model/Colour KIA CREATO / WHITE & BLUE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver AHMAD SUKRI BIN ALI

SXXXX412D NRIC/Passport Number Contact Number 88912294

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)







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.
- S. Consent under the Personal Data Protection Act (PDPA)

l 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
- (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.

Policytolder's Su Date & Time

Driver's Signa

It driver is not Date & Time

Reporting Centre Name

NRIC/FIN No.

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SKETCH PLAN					
DESCRIBE CIRCUMSTANCES OF T	THE ACCIDENT	(B)	red	(B)GBF 79 (B)SMT3	1816 790
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hastpay for	A2 10.	said le	accident	Hy Hidad	
my valuate in	hele he was	ROVERSING		/	_
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was had -	We exclude	e perticul	es.		4
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DECLARATION I/We dectare the for	s are true in every respect.	1206m		0/1/23	
Policyholder's Signature	Dimer's Genetities	2/11/2020	Panautian Comme	Surgeonal's Sprayura	
Date & Time	Driver's Signature	order)	Name:	Personnel's Signature	
	Date & Time:		NRIC/FIN No.:		