

# NATIONAL Assessment Centre Services. (ver 1 Jan 05) SN: 0920 C 80001

Date In: 8/12/2020 15:21	Job description	Date & Time Completed	Done by
Ref No: MA/IMC20013530164	SAS e-filing		
Veh No: SLZ 1832E	E-mail (within 3hrs, A/C 2hrs)		
ICIA: 7/12/20 12:30	I-Motor Claim Form	MT/111286001	8/12/20 17:36
QD: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SJQ 9677E	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% (Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:
( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.
( ) Total Loss Case: In e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA2100241	Incile Registration Checklist	Am (S) / Adj (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Assessors' Comments:	For claiming against INC Only (wef 10 Jan 2005)	
Tel:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Non INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

## 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 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. 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 Submission	08/12/2020 15:21 (SGT)
Date of Accident	07/12/2020 12:30 (SGT)
Exact Location of Accident	1 Joo Chiat Rd, Singapore 420001
Additional Location Information	JOO CHIAT COMPLEX LOADING BAY CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1832E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AP AUTOMOTIVE SERVICES PTE LTD
Company Reg No	2XXXXX890H
Email Address	CHRISDESAGON@GMAIL.COM
Mobile Phone No	(Phone) +65-67844465
Alternative Phone No	(Office) +65-67844465

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	CHR
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119272968
Cover Note Number	-

#### DRIVER

Name of Driver	DE SAGON H CHRISTOPHER
NRIC No	SXXXX638A
Date Of Birth	26/04/1979
Occupation	Outdoor

Date Of Driving Pass .....	10/01/2002
Driving experience .....	18 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86066887
Alt. Phone Number .....	-
Email Address .....	CHRISDESAGON@GMAIL.COM
Address .....	9 LOR 101 CHANGI #03-07
Address complement .....	-
Postcode .....	426641
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO STATEMENT

#### 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 .....	SJQ9677E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
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.
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) of:
  - (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.



Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

JOO CHIAT COMPLEX LOADING BAY CARPARK

VEH. A - SLZ 1832E

VEH. B - SJQ 9677E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME. I, VEHICLE 'A'  
WAS STATIONARY AT THE STATED VEHICLE.  
SUDDENLY, VEHICLE 'B' REVERSE AND BANG  
ONTO MY VEHICLE FRONT PORTION.



DECLARATION

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



Policyholder's Signature  
Date & Time:

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

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



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5119272968-000039

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLZ1832E**  
 Chassis Number : ZYX102085999
2. Name of Policyholder : AP AUTOMOTIVE SERVICES PTE LTD
3. Effective Date of Insurance : 01 Oct 2020
4. Expiry Date of Insurance : 30 Sep 2021
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: INDEX CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INDEX AGENCY PTE LTD (00000572017)  
 Date of Issue : 01 Oct 2020 09:09 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	890H

### Vehicle Details

Vehicle No.:	SLZ1832E
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Oct 2020
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR HYBRID 1.8S CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZR8241793
Chassis No.:	ZYX102085999
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$27,587.00
Original Registration Date:	25 Apr 2018
First Registration Date:	25 Apr 2018
Transfer Count:	1
Actual ARF Paid:	\$10,622.00

### Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Apr 2028
PARF Rebate Amount:	\$7,966.00

### Intended COE Rebate Details

COE Expiry Date:	24 Apr 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$44,000.00
COE Rebate Amount:	\$31,924.00
<b>Total Rebate Amount:</b>	<b>\$39,890.00</b>

The information contained herein is correct as at 07 Oct 2020

OK



# AP Automotive Services

AP AUTOMOTIVE SERVICES PTE LTD  
ROC: 202022890H  
BLOCK 9006  
TAMPINES STREET 93 #01-202  
SINGAPORE 528840  
TEL: 6784 4465  
FAX: 6787 4886

## HIRER PARTICULARS

Name / Company : DE SAGON H CHRISTOPHER  
9 LOR 101 CHANGI

Address : #03-07 S426641

HP Number : 86066881

## RENTAL VEHICLES/ACCESSORIES

REG ITEM ID	Reg. No.	Make	Model	Capacity
	SLZ1832E	TOYOTA	C-HR 1.8S CVT	1797CC

## DRIVER PARTICULARS (IF NOT STATED)

NAME	NRIC No./Fin No.	D.O.B.	Nationality	Contact No.	Address	Lic. Pass Date
DE SAGON H CHRISTOPHER	S7912638A	26/4/1979	SINGAPORE	86066881	#03-07 S426641	10/1/2002

## DELIVERY OF VEHICLE

Checked Out By		16/11/2020		NIC	
DATE OUT	TIME OUT	MILEAGE OUT			
16/11/2020	1815HRS				
Petrol Out	EMPTY 1/8 1/4 3/8 1/2 5/8 3/4 FULL				
Estimated Date Of Return					
Checked Out By					
Date in	Time in	Mileage in			
Petrol Out	EMPTY 1/8 1/4 3/8 1/2 5/8 3/4 FULL				
Petrol Used					
(Note: Petrol level to be RETURNED as it was RENTED out)					
Return Note: Auto Renewal of rental agreement if non-return of vehicle by the estimated date.					
Computation Check By					

NO REFUND OF DEPOSIT ON - PUBLIC HOLIDAYS - SUNDAY AND AFTER 5p.m. DAILY PAYMENTS FOR DEPOSIT WILL BE REFUNDED BY CHEQUE AFTER 7 DAYS.

THE ABOVE-MENTIONED NAME/COMPANY  
HEREBY AGREES & ACCEPTS AP AUTOMOTIVE  
SERVICES' TERMS AND CONDITION OF RENTAL

## Rental Agreement

Agreement Date : 16/11/2020  
Rental Term : WEEKLY  
Rental Rate : \$0.00  
Agreed Period : 12 MONTHS  
Estimated End Date : 15/11/2021  
Excess For Section 1 : \$2,000  
Excess For Section 2 : \$1,500  
Uob Account No. : 3663227600  
PayNow UEN No. : 202022890H

Mode Of Payment	
Internet Banking	
Cheque	

Rental Due	:	\$0.00
Delivery Charge	:	
Excess Buy Down	:	\$0.00
GST	:	\$0.00
Total Due	:	\$0.00
Total Paid	:	\$0.00

Damage Recovery	:	
Others	:	
Deposit	:	\$0
Amount Refund	:	

Remarks:
Signature / Date

PURPOSE OF RENTAL : LONG TERM USE

DRIVER SIGNATURE

SIGNATURE & CO'S STAMP

## TERMS AND CONDITIONS OF RENTAL

1. AP AUTOMOTIVE SERVICES PTE LTD (AP) shall let and the HIRER shall take on hire on the Terms and Conditions stated herein of the use of AP rental vehicle (VEHICLE). The HIRER shall be bounded by the Terms and Conditions for the full period of rental stated in the RENTAL AGREEMENT (RA) or in the case of extension of rental period to be extended till the termination of contract occurred. The VEHICLE can only be operated or cause the VEHICLE to be operated within Singapore only.
2. The HIRER shall pay AP the full payment stated in the RA including Goods and Services Tax (GST) and an interest-free security deposit on or before the agreement date or upon collection of the VEHICLE. The interest-free deposit shall be refunded fully only if the VEHICLE is deem fit upon the return of the VEHICLE after termination/maturity date.
3. The HIRER shall pay promptly all rental payments due without delay. The due date for payment of the first rental fee shall be the date of collection of VEHICLE and subsequent rental payment shall fall due on the same day of every calendar month. Payment shall be made payable to AP AUTOMOTIVE SERVICES PTE LTD. There shall not be any refund of rental payment if HIRER returns the VEHICLES prematurely from the agreed upon of rental. AP may at its discretion charge the HIRER an interest of (2%) per month on all overdue payment.
4. The agreement shall terminate if HIRER breaches any of HIRER obligations under the Terms and Conditions of rental. Should the termination of contract occurred, the HIRER shall pay AP all rental payments due and unpaid (including interest) at the date of termination. The interest-free security deposit will also be forfeited. The HIRER shall pay AP on demand; expenses for repossession or collection, attorney's fees including court fees incurred by AP in pursuing the claims against the HIRER.
5. AP reserves the right to revoke the possession of the VEHICLE from the HIRER to terminate the RA between HIRER and AP at any time for a rational reason when required to protect AP's interest and/or assets.
6. AP to provide VEHICLE to HIRER with good working condition including tool kit (e.g. spanner, jack) and spare tyre with no additional except those originally included with the VEHICLE. The HIRER agrees to return the VEHICLES in the same good working condition with all equipment intact and with no unauthorized repair (except ordinary wear and tear) to AP and on the date specified (or sooner, if demanded by AP) with the same fuel level as per commencement of rental. AP shall be responsible for reasonable wear & tear, maintenance and repair only, as per recommended by the manufacturer or appointed workshop.
7. AP shall also change bald or worn tyres when necessary. HIRER shall be responsible for punctured or cracked tyre(s) due to negligence and/or act of god. HIRER shall be responsible for basic maintenance like radiator water/oil level, suitable tyre pressure and similar. If the VEHICLE is returned in an unsatisfactory or accident damaged condition, all charged for repair, servicing and/or restoration works to its original condition will be imposed on the HIRER.
8. In the event of accidental total loss/theft to the VEHICLE caused by or due to negligence or forfeiture by government authorities for HIRER's illegal acts during the rental period and while in possession of the HIRER, the HIRER shall pay AP the full cost of obtaining a replacement vehicle as well as compensation to AP for the loss of the use of such VEHICLE. The "loss of use" shall be charges of rental fees as agreed by AP in pursuing the claims against the HIRER.
9. The insurance excess stated in condition 10 and 11 hereafter refer to the amount of money required for the HIRER to pay before any successful insurance claim could be made possible.
10. For passenger vehicles, HIRER (and authorised Driver/s) will be liable for the insurance excess of \$2000 Section I & \$1500 Section II (exclude GST). HIRER (and authorised Driver/s) must be at least 22 years old with more than 2 years driving experience.
11. For commercial vehicles, HIRER (and authorised Driver/s) will be liable for the insurance excess of \$2000 Section I & \$1500 Section II (exclude GST). HIRER (and authorised Driver/s) must be at least 22 years old with more than 2 years driving experience.
12. The HIRER (and authorised Driver/s) will immediately report any accident within 24 hours to AP and will also deliver to AP every summon, compliant or paper of any kind received by HIRER/DRIVER in any way relating to any accident involving the VEHICLE while rented under this B111RA.
13. The HIRER shall inform AP any changes of Driver/s and/or authorised person without delay. Failure to do so AP shall not be responsible: (a) for the incorrect furnishment of particulars for traffic offences; (b) declined coverage of motor insurance.
14. The HIRER (and authorised Driver/s) will not aid or encourage the filing of any claim by third party claimant or admit liability as a result of any accident and will fully cooperate fully with AP and its insurer in the investigation and defence of any claim or lawsuit. All repairs must be carried out by AP or it's insurer's authorised workshop only. Coverage does not apply to: (a) injury or destruction of property owned by, rented to, in charge of or transported by the HIRER; (b) any liability of any nature whatsoever of a driver who is not an Authorised Driver; any accident which occurs while VEHICLE is violation of Condition 8; (c) any Authorised Driver who has been rejected insurance coverage by any insurance company in respect of HIRER's motor insurance arrangement with such company; (d) bodily injuries of commercial vehicle's driver/s.
15. The HIRER agrees with AP as follows: (a) To operate or cause the VEHICLE to be operated at all time during the terms hereof by qualified drivers having a valid and current licence, and adhere strictly to the insurance clauses. (b) NOT to make or permit to be made any repairs or alterations to the VEHICLE but shall promptly notify AP of all cases of breakdown or damage. (c) To pay for all fines and penalties in respect to the use of the VEHICLE that may be imposed by any authority in relation of traffic charges, illegal modifications. (d) To inform AP when VEHICLE is due for servicing and servicing shall only be done at AP's appointed workshop(s). (e) To constantly check and maintain VEHICLE engine oil and radiator water level and to inform AP immediately of any malfunction of the VEHICLE.

I/We DE SAGON H CHRISTOPHER bearing the identity number of 57912638A have read and understood all clauses of the abovementioned terms and conditions of rental and agree to be bounded by them. I/We shall take full responsibility to handle the rental vehicle with care and avoid any involvement in law purposes.



Signature of Hirer

(company's stamp if applicable)



Signature of Driver

Date: 16/11/2020



Signature of  
AP Automotive Services Pte Ltd  
Representative

**SINGAPORE ACCIDENT STATEMENT**TYPE OF CLAIMS : OWN DAMAGE ( ) 3rd PARTY ( ☒ ) REPORTING ONLY ( )DATE OF ACCIDENT : 07/12/2020 TIME : 12:30hrs  
LOCATION : JOO CHIAI COMPLEX LOADING BAY CARPARKVEHICLE NUMBER : SLZ1832E MAKE / MODEL TOYOTA CHR  
OWNER INSURED : AP AUTOMOTIVE SERVICES PTE LTD  
NRIC NO. : 207022890H CONTACT NUMBER: 67844465  
INSURANCE COMP: NTUC POLICY NUMBER: 5119272968-000039  
TYPE OF INSURANCE: COMPREHENSIVE ( ☒ ) TPFT ( ) 3RD PARTY ONLY ( )**DRIVER PARTICULAR****DRIVER SAME AS OWNER:** ( )DRIVER NAME : DE SAGION H CHRISTOPHER NRIC NO.: 57912638A  
ADDRESS: 9 LOR 101 CHANGI #03-07 POSTAL: 426641  
CONTACT: 86066887 EMAIL: chrisdesagion@gmail.com GENDER: M  
DOB: 26/04/1979 DATE OF PASS: 10/01/2002**(PLEASE TICK AND FILL THE RELEVANT CHOICES)**WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY ( ) YES ( ☒ ) NO

IF NO, RELATION OF DRIVER WITH INSURED:

( ) OWNER ( ) SPOUSE ( ) FRIEND ( ) RELATIVE ( ) CHILDREN ( ) SIBLING ( ☒ ) OTHERS HIRERWEATHER CONDITION: ( ☒ ) CLEAR ( ) RAINING ( ) DRIZZLINGROAD SURFACE: ( ☒ ) DRY ( ) WET ( ) SLIPPERYWAS ANYBODY INJURED: ( ) YES ( ☒ ) NO

INJURIES SUSTAINED :

WAS ACCIDENT REPORTED TO POLICE:

IF YES, WHICH STATION:

( ) YES ( ☒ ) NO

POLICE REPORT NUMBER:

ANY VIDEO CAPTURED: ( ) YES ( ☒ ) NOCONVEY BY AMBULANCE ( ) YES ( ☒ ) NONUMBER OF PASSENGER INCLUDE DRIVER: 01PARTICULAR OF PASSENGER :  
( ) MALE ( ) FEMALE  
( ) MALE ( ) FEMALE  
( ) MALE ( ) FEMALE  
( ) MALE ( ) FEMALE**(THIRD PARTY PARTICULAR)**VEHICLE B SJQ9677E NAME /NRIC: CONTACT:  
VEHICLE C NAME /NRIC: CONTACT:  
VEHICLE D NAME /NRIC: CONTACT:  
VEHICLE E NAME /NRIC: CONTACT:  
VEHICLE F NAME /NRIC: CONTACT:  
VEHICLE G NAME /NRIC: CONTACT:**WITNESS (IF ANY)**

NAME: HP NO. : NRIC:

\* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT\*