SS, REC. BY:	REF: CS/CTI20014	And the second of the second s
	ASSIC	<u>INMENT</u>
rom:	546.	Veh No: 674748E Yr Regn: 2019 Mar
stimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
	PRES/ODRES/EVA/INV/MV	Truck / Trailer or
	le No:	Make: Toyota Hiace c.c 2982
 Workshop m/s		Colour Silver A/C: Insured / Std / NI / NA
		Sp.Reading 30177 T/Radio: Insured / Std / NI / NA
		Eng/No:
olicy No.		C/No: JTFHT02P800246676
laims No.		Gen. Cond. Good / Fair / Poor / Burnt
um Insured:	Excess:	Steering: Inorder/ Jammed / Leaked / Burnt or
(Client's Recor	rd)	Brake: (Inorder) Jammed / Leaked / Burnt or
Nake of Veh:		Modi: Nil /S/Rim / STD A/Rim or
		Tyre Size: F: 195 R15 C
(Policy Condition	ion)	R: 195RISC
	eh 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 V	/alue:	<u>Front</u> <u>Rear</u>
DAC Accident F	Rport: Consistent? : Yes or No	R/Bal. 06 mm / R/Bal. mm
GIA / PR Seer	n: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs:	days Res.: Yes or No	D.O.A. 23/12/20 D.O.I. 30/12-20
Lum Sum:	% 3 Val.: Yes or No	Survey held at Hery kee
CA / REV /	/ REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
	Vehicle: IN / OUT	The state of the s
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time	Action / Instruction	•
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	m∨:	
	PV:	
	Nett:	Coulida Of Proposition Section 2
-		
Date/Time, File Pa	ass to? : Preli. Report	Days Of Repair: 4
1)	: Final Report	Resurvey No. of Trip: 1 Survey Fee:
	teturn to?	Transportation:
Date/Time, File R	-Typiet Add Fe	e: :Site Insp (\$)s+Rssi
Date/Time, File R 2) 25/1/21	- Typist	
	- I ypist	: Interview (\$) Photos
2) 25/1/21	- I ypist Merimen	: Interview (\$) Photos : Tech. Invs (\$) Others

SN0920CN000K-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 23/12/2020 18:44 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 2 (28/12/2020 15:59 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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

23/12/2020 18:44 (SGT) Date of Submission 23/12/2020 11:00 (SGT) Date of Accident Eunos Link, Singapore Exact Location of Accident Additional Location Information

Singapore

DETAILS OF OWN VEHICLE

GZ4748E Vehicle Registration Number

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner YISHUN AIR CON SERVICE Company Reg No 4XXXX700J robintan8@yahoo.com.sg Email Address (Phone) +65-96306385 Mobile Phone No +65-96306385 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Model Hiace Variant 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?

Vehicle Category

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy 5107639711-01 Policy Number Cover Note Number

DRIVER

TAN BOON KEONG Name of Driver SXXXX805Z NRIC No 09/03/1965 Date Of Birth Outdoor Occupation

28/07/1984 Date Of Driving Pass 36 YEARS AND 5 MONTHS Driving experience Gender (Phone) +65-96306385 Mobile Number Alt, Phone Number robintan8@yahoo.com.sg Email Address **BLK 292A COMPASSVALE STREET** Address #09-230 Address complement 541292 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Other 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLK5924B** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category GOH KHOON CHUA Name of Driver SXXXX984B NRIC No (Phone) +65-96671236 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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willful 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

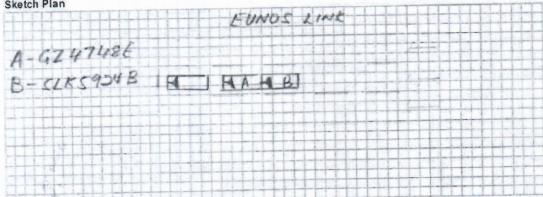
l understand, acknowledge, agree and consent that :

- (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 hourers law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

5, Coleman Street Excelsior Hotel & Shopping Car #02-17 Singapore 179805	tre 123/12/20	Lyne	23/10/10
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Personnel	Reporting Centre
Sketch Plan	THE PERSON NAMED IN COMMENT		



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5, Coleman Street

Excelsion Hotel & Shopping Centres
402-17 Singapore 179805
Policyholder's Signature / Date & Driving

1 23/11/20

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

Witnessed by Reporting Centre

Personnel