REF: CS3/A/G2/00/984/7/tf3 ASS. REC. BY: Tale GE 2022 Sep. ASSIGNMENT PC5394A Yr Regn: 2012, Sep Veh No: Date: From: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or Minibus OD (TP! WS I TP RES I OD RES I EVA I INV I MV Mercedes Benz 1940. To Inspect Vehicle No: Make: C.C Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured: C/No: Policy No. Gen. Cond: Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Brake; Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / SIRim / STD A/Rim or Make of Veh: Tyre Size: (Policy Condition) OIS BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or yest false Rear Bal. or Market Value: Front Consistent?: Yes or No R/Bal. R/Bal. mm mm IDAC Accident Rport: L/Bal. L/Bal. Consistent?: Yes or No mm mm GIA / PR Seen: D.O.A. D.O.I. Res.: Yes or No days Est. Repairs: arsmith 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Roay US Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date: Date / Time Action / Instruction SUBMIT DAR REPORT 6 Date/Time, File Pass to? : Preli. Report Days Of Repair: : Final Report Resurvey No. of Trip: Survey Fee: Date/Time, File Return to? Transportation: Add Fee: : Site Insp (\$ S+RS. SI : Interview (\$ Photos : Tech. Invs 🖇 Reper Formai: Others Lump Sum / LBJ: /5 Weel end (\$ TOTAL

PC 5 394A Reen bumper centre de Reer bumper side LH de Reer bruper LH side netainer nei-Neer bruper centre brachet cra-Pleverse Sensor nu Reer bumper dips nei Rear LH taillamp louver openish de IH reflector int Tailgake ht Tailgute emblem Vians' nec-Tailgete emplem MB logo net Tailgete emblem (O/2.2' ull-70 km/h / sticher nec-New end panel RY · 6 days LH faillemp uc?

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

09/02/2021 18:04 (SGT) 08/02/2021 16:20 (SGT) Tampines Street 31, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

PC5394A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

SIMON TRANSPORT SERVICES

5XXXX400J

SSCSIMON@GMAIL.COM

(Phone) +65-96393756

(Home) +65-96393756

VEHICLE PARTICULARS

Manufacturer

Model

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

Mercedes

Viano

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC

Comprehensive

5114972552-01

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

SIM SIANG CHOA SIMON

SXXXX657C

30/01/1959

Outdoor



Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions 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? Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

02/11/1984

36 YEARS AND 3 MONTHS

Male

(Phone) +65-96393756

SSCSIMON@GMAIL.COM

APT BLK 724 TAMPINES ST 71 #11-157

520724

No Other

No

Collision - Head to Rear

Clear Dry

No

2 No

Yes

2

No

UNKNOWN

Female

Tampines Neighbourhood Police Centre

(Phone) +65-18005871999 (Fax) +65-65871699

6 Tampines Ave 4 Singapore 529682

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

No

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant **SKR3742Y**

Accident report SY0A21290004

Page 2 of 11

Vehicle Colour			-
Vehicle Category	ı	,	Private car
Name of Driver			-
Contact Number			-
Address			-
Address complement			-
Postcode			_
Insurance Company Nam	ne		<u>u</u> .;
Nature Of Damage			-
Details of property damaged in accident			- 6
No. Of Passenger (Including Driver)			-

SKETCH PLAN

IMPORTANT NOTICE

- I. Finase 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 reputiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy lieb by on the part of the insurance companies.
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- 6 The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurence Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 2 By the fodgment of this report to the usurers, you hereby come it to the archiving of this report at the centre and to ropers of the report being made svallable aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)

Euroterstand, acknowledge, ignee and consent that

- (a) My insurer, my workdop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or precess 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 misurer(s) who have insured vehicle(s) involved in this lackdent and the misurer(s) who have insured vehicle(s) involved in this accident shall be rollectively referred to as the "Insurers"), the fusioners' havver your first. The Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose of its precision.
 - 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;
 - (air) carrying our aud/or dealing with my instructions or responding to any enquiries by the:
 - (iv) infimilistering my claims finisheding the mailing of correspondence, statements, invoices, reports in malices forme, which could macker disclosure of certain personal data about use to panglabout delivery of the same as well as in the external cover of cryclopes/mail packages), and/or
 - (v) complying with applicable law-n administering, processing, handling and/or dealing with my chains treat-crively the "Purposes".
- (b) all insurer(s) who have insured rehidle(s) involved in this accident and the Inciner's takiyer of an involved process my Personal Information for one or more of the above Purposes, and
- (c) not Personal Information may, can be disclosed by any of the Insurest and/or GIA to that that perfy service attorators of agents find hading their lawyers/buy first I, which may be sited contain of Segapore, for one of more of the above of upones.
- (dl) my Personal Information will also be collected and used to complexitation insterly for the purpose of historidetection insertigation and management and all future classes.
- 10) the differentian employed order (digital version to share a folicy week
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