REF: CS3/CT12/00/984/Titf3. ASSIGNMENT From: Date: SKM 5092 D. Yr Regn: 2012, Dec Veh No: Estimated Cost: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / OD/TP/WS/TP RES/OD RES/EVA/INV/MV Truck / Trailer or To Inspect Vehicle No: Mercedes Benz B200. Make: at Workshop m/s Colour A/C: Insured / Std / NI / NA Sp.Reading 184000. T/Radio: Insured / Std / NI / NA insured: Eng/No: Policy No. C/No: Claims No. Gen. Cond: Good / Fair / Poor / Burnt Sum Insured: Excess: Steering: Inorder / Jammed / Leaked / Burnt or (Client's Record) Brake: Inorder / Jammed / Leaked / Burnt or Make of Veh: Modi: Nil / S/Rim / STD A/Rim or Tyre Size: (Policy Condition) Remark: The veh had commenced its NIS O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or 936K. Bal. or Market Value: Front IDAC Accident Rport: Consistent?: Yes or No R/Bal. R/Bal GIA / PR Seen: Consistent?: Yes or No L/Bal. L/Bal. Est. Repairs: days Res.: Yes or No D.O.A. Lum Sum: 3 Val.: Yes or No Survey held at PRS' CA / REV / REP. / 24 HRS Des. of Damages : Frt / Rear V Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Report Range: 7 Days Date/Time, File Pass to? : Prell. Report Days Of Repair: : Final Report Resurvey No. of Trip: Date/Time, File Return to? Survey Fee: Transportation: Add Fee: : Site Insp (\$ _8 + R8.__ \$1 : Interview (\$ Repear Format; Photos Tech. Invs (\$ Lump Sum / LB /: /% Others Weellend (\$ TOTAL

ASS. REC. BY:

SC1R21260001 / City Auto Pte Ltd ENTRY DATE & TIME: 06/02/2021 12:33 (SGT) SUBMITTED BY: Jason Quak VERSION: 1 (06/02/2021 12:33 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 Submission 06/G2/2021 12:33 (SGT) Date of Accident 05/02/2021 19:15 (SGT) **Exact Location of Accident** Singapore Additional Location Information junction of SENG KANG WEST WAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH5092D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ANG CHIEW CHEA NRIC No SXXXX539F Email Address MERYN.79@HOTMAIL.COM Mobile Phone No (Phone) +65-96790425 Alternative Phone No +65-96790425

VEHICLE PARTICULARS

Manufacturer Mercedes Model B200 Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to vour vehicle?

No - Claiming third party Private car

INSURANCE COMPANY

Vehicle Category

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5102913445-02 Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth

TAN HOWE KIAT MERVYN SXXXX621C 02/09/1979

Date Of Driving Dans	
Date Of Driving Pass	07/12/1990
Driving experience	30 // 54 50
Gender	SO LEVING AIND S MONTHS
Wobile Number	maic
Alt. Filone Number	(* Hone) +65-56750425
Lindii Address	MEDIANI TO COMP
, ladi C55	THE TWAIL COM
Address complement	33, PUNGGOL FIELD #10-19
, cotcode	
is the driver the policyholder?	020017
If No, Relationship of the Driver with the Inquired	110
Does Driver Own Other Vehicles?	Spouse
Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	
Type of Accident Weather Conditions	Collision - Head to Rear
vvedirier Conditions	Clear
Road Surface	Dry
	Diy
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 anybody injured in the Accident?	2
Was any injured conveyed to bearity.	Yes
Was any other material or arrest that by ambulance?	No
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	
Was the accident reported to the police?	No
was notice of intended Prosecution given?	No No
f yes, against whom?	No
	.
CIRCUMSTANCES OF ACCIDENT	
ATTACH POLICE REPORT	
ATTACHMENT(S)	
re accident photos available for attachment?	Yes
vas there any video captured by Car Camera?	
Vas there any audio recorded?	No No
	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Aphicle Desistantiant	y.
ehicle Manufacturer	G5K6421Y
ehicle Model	1. The state of th
ehicle Variant	
ehicle Colour	
ehicle Category	Commercial vehicle
ame of Driver ontact Number	- Commercial verticle
ddress	
adi 633	

Address

Postcode

Insurance Company Name

Address complement

Nature Of Damage	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

N	,
Name of injured person Address	TAN HOWE KIAT MERVYN
Address Complement	-
	- 3
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Injured person in which vehicle?	SKH5092D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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' 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
- (ii) investigating the accident and/or my claims;
- (ii) 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.

06/02/21 Driver's Signature (if driver is not the policyhokter) / Date & Time

(Claims Section) Witnessed by Reporting Centre Personnel

CITY AUTO PTE LTD Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapore 575843 Tel: 6453 1235 Fax: 6453 7944

Policyholder's Signature / Date &

Sketch Plan langkep west

1 ON CE INVIOLE	Police Report attach	
	*	

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Elk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel