CS/MSG21002291/AGtd3 ASS, REC. BY: ASSIGNMENT 86(82)16. Yr Regn: 2015, Dec. Veh No: Date From: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Toyota Alphard. Make: To Inspect Vehicle No: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured: AGH 3000 9618. 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 / S/Rim / STD A/Rim or Make of Veh: 235/80R18. Tyre Size: 235/50R18 (Policy Condition) N/S O/S 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 Rear Front Bal, or Market Value: R/Bal. R/Bal. mm Consistent?: Yes or No mm IDAC Accident Rport: L/Bal. mm Consistent?: Yes or No mm GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No days Est. Repairs: 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 Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision Person Contacted: Date: Action / Instruction Date / Time TP MS/6. lump sum \$1550,3days MV: PV: red:7367.55;82% Nett: Days Of Repair: Preli. Report Date/Time, File Pass to? Survey Fee: Resurvey No. of Trip: **Final Report** Transportation: Date/Time, File Return to? Add Fee: : Site Insp (\$ _S + RS,__SI Interview (\$ Photos Tech. Invs (\$ Others Report Format: Weel end (\$17)

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

SK05212G0001 / KAN FOOK SING MOTOR WORKSHOP [417883] ENTRY DATE & TIME: 16/02/2021 11:57 (SGT) SUBMITTED BY: Ng Hui Kheng VERSION: 1 (16/02/2021 11:57 (SGT))



SINGAPORE ACCIDENT STATEMENT

- 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
- 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

16/02/2021 11:57 (SGT) 09/02/2021 20:00 (SGT) Singapore. LORONG 5 TOA PAYOH Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGC8211G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No

YANG CHENG SXXXX755F treeartsg@hotmail.com (Phone) +65-96497716 +65-96497716

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Toyota Alphard

Private use

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number Cover Note Number Great Eastern Comprehensive V8010335

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

YANG CHENG SXXXX755F 11/06/1989 Indoor

09/07/2015 Date Of Driving Pass 5 YEARS AND 7 MONTHS Driving experience Gender (Phone) +65-96497716 Mobile Number +65-96497716 Alt. Phone Number treeartsg@hotmail.com Email Address BLK 3LORONG 5 TOA PAYOH #29-12 Address Address complement 319459 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured 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 Collision - Head to Rear Weather Conditions Clear Poad Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
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?

Yes
Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

No

PASSENGER 1

Name MAN YI Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED.

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

 Contact Number
 (Phone) +65-91710510

 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 Forminust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to codes of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

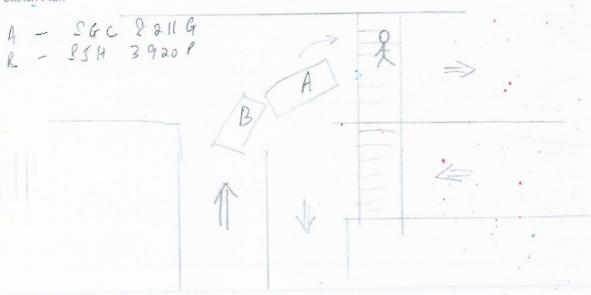
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use; disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- 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/rhail 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.

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Policyholder's Signature / Date & Time	Driver's Signature (If driv 8 Time	is not the policyholder) / Date	Witnessed by Repschol Centre Personnel	

Sketch Plan



Describe Circumstances of Was + vav	the Accident	la/ 6	100	Payot.	
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licyholder's Signature / Date & ne	Driver's Signature (if driver is & Time	not the policyholder		vitnessed & Right ersonnal	King Centre



Vehicle Details

Vehicle No. SGC8211G Vehicle Type: P11 - Passenger Station Wagon/Jeep/Land Rover Vehicle Scheme: Normal Propellant: Petrol Motor No.: 2493 cc Power Rating: Maximum Laden Weight: 2345 kg Year Of Manufacture: Lifespan Expiry Date:

Make / Model

TOYOTA / ALPHARD 2.5SA CVT ABS D /AIRBAG 2WD 5DR

Vehicle Attachment 1:

With Sun Roof

Chassis No.:

AGH300009618

Engine No.:

2ARH544769

Engine Capacity:

Maximum Power Output:

134.0 kW (179 bhp)

Unladen Weight:

1980 kg

Original Registration Date:

23 Dec 2015

COE Category:

B - Car above 1600cc or 97kW (130bhp)

COE Expiry Date:

22 Dec 2025

PARF Eligibility Expiry Date:

22 Dec 2025

Intended Transfer Date:

19 Feb 2021

CEV/VES Rebate Utilised Amount:

Quota Premium:

\$57,501.00

Road Tax Expiry Date:

22 Jun 2021

Inspection Due Date:

22 Dec 2022

CO2 Emission:

199.00 (g/km)

CO Emission:		
NOx Emission:	PM Emission:	
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