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## CS/AGI21002788/Aqd3

REF:

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Type: M.Carl M.Cycle / Bus Maria / Long / Track / Trail Prime Mover / Truck / Trailer or Make:		Veh No: 6BF8465P. Yr Regn: 2016, April
Truck / Trailer or Truck / Trailer or Truck / Trailer or Meise: 7-jofn Hisce		
To lasped Vehicle No.  To lasped Vehicle No.  Colour Silves: AIC: Insured   Std   NI   NA Insured    Folicy No.  Claims No.  C10009245/ST  Sum insured    Seeing: Infediet   Januard   Lesked   Burnt or    Mode of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bid. or Market Value.  Bid. of min		
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Claims No. C10009245/ST  Sum Insured: Excess:   Sering:		
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SA1E212R0002 / Abwin Service Pte Ltd ENTRY DATE & TIME: 27/02/2021 11:21 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (27/02/2021 11:21 (SGT))

# 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 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

27/02/2021 11:21 (SGT) 26/02/2021 06:40 (SGT) Upper Bukit Timah Rd, Singapore

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**GBE8465P** 

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

TAN MUI HEONG 5XXXX929L admin@aceauto.com.sg (Phone) +65-90905440 (Home) +65-90905440

#### 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

vour vehicle? Vehicle Category

Toyota Hiace

Employment

No - Claiming third party Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Cover Note Number

Tokio Marine Comprehensive No MR002200

#### DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LEE KIM FOOK SXXXX402G 14/11/1961 Outdoor

Date Of Driving Pass 11/01/1982 Driving experience 39 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-90905440 Alt. Phone Number **Email Address** admin@aceauto.com.sg Address BLK 521 HOUGANG AVENUE 6 Address complement #09-57 Postcode 530521 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee

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 on collision 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? Yes Was any injured conveyed to hospital by ambulance? No 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

#### 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 SKETCH PLAN ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? No Was there any video captured by Car Camera? No Was there any audio recorded? No

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMR4059G 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)

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	LEE KIM FOOK
Address	*
Address Complement	S=
Post Code	-
Approximate Age Years Old	18
Injuries Sustained	
Injured person in which vehicle?	GBE8465P
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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 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.
- 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 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:
  - 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:
  - 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 Signal Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No...

### **MotorMed Pte Ltd**

8 Kaki Bukit Ave 4 #02-14/44 Premier @ Kaki Bukit Singapore 415875

Phone Number:

69777077

Fax Number:

69777080

Customer: Company:

ACE

GBE8465P

Date:

2/3/2021 1:13 PM

VIN

Technician: Order NO:

Odometer:

License NO:

VEHICLE ALIGNMENT REPORT

TOYOTA-RV, VAN, HIACE	, 04-06,	W H200	SERIES	(2WD)

Primary	Angles		Initial	Speci Min.	fications Max.	Final
	Caster	Left Right		1°25' 1°25'	2°55' 2°55'	
Front	Camber	Left Right	-0°42' -0°36'	-1°05' -1°05'	0°25' 0°25'	-0°42'
	Toe	Left Right	-1°27' 0°06'	0°00' 0°00'	0°10' 0°10'	-0°36' -1°27' 0°06'
	Camber	Total Left	-1°21' -1°30'	0°00'	0°20'	-1°21' -1°30'
	_	Right	-1°24'			-1°24'
Rear Toe	Toe	Left Right Total	0°24' 0°18' 0°42'			0°24' 0°18' 0°42'
	Thrust Angle		-0°03'			-0°03'
Secondary Angles		Initial	Specifi Min.	Specifications Min. Max.		
SAI		Left Right		12°35' 12°35'	12°35' 12°35'	
Included Angle		Left				7000
Too Out On Turns		Right Left				
Toe Out On Turns		Right				
Max Turn Ins	side	Left Right				
Toe Curve Change		Left				
Setback		Right Front	-0.2"			-0.2"
		Rear	0.0"			0.0"
rack Width I Wheel Base			0.3" -0.2"			0.3" -0.2"
Front Ride Height		Left Right				
Rear Ride Height		Left				
rame Angle		Right				