	KET:		
ASS, REG, BY:	ACC	COMENT	
	<u>A55)</u>	IGNMENT 272 A	1 Jan.
From:	Date:	Veh No: \$\infty \times 3/2/V	Yr Regn. Joseph Jan.
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	2487
To Inspect Vehicle No:		Make: Toyota Camiy	C.C
at Workshop m/s		Colour While	A/C: Insured / Std / NI / NA
of		Sp.Reading 11554	T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:	
Policy No.		C/No: JTNB23HK	5030/2025
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt	
Sum Insured: Excess:		Steering: Inorder / Jammed / Leaked / B	urnt or
(Client's Record)		Brake: Inorder / Jammed / Leaked / E	Surnt or
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or	
		Tyre Size: F: 215/5	SR17.
(Policy Condition)		R: 015/5	15R17,
Remark: The veh had commenced its N/S O/S		BS / DUN / EXNOVA / GY / FS / LIZA	AIC / OHTSU / PIR / SUMI /
repair at the time of inspection.		TOYO/YOKO or	
Bal. or Market Value:		<u>Front</u>	Rear
IDAC Accident Rport:	Consistent?: Yes or No	R/Bal. 06 mm	R/Bal. mm
GIA / PR Seen: Consistent?: Yes or No		L/Bal. 06 mm	L/Bal. mm
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 12 03/21
Lum Sum:	% 3 Val.: Yes or No	'Survey held at Ryd	
CA / REV / REP.	1 24 HRS	Des. of Damages : Frt Rear O/S	N/S / U/C / Rooftop or
CA / REV / REP.	Vehicle: IN / OU	T	The state of the s
Date:	Person Contacted:	The U/C / Chassis frame / Body	Structure affected due to collision.
Date / Time Action	on / Instruction	,	
	Pul		
mv	· · · · · · · · · · · · · · · · · · ·		
PV			
Nett			
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:	
	: Final Report	Resurvey No. of Trip:	Survey Fee:
1) Date/Time, File Return to?		Control	Transportation:
2)	Add F	ee: Site Insp (\$)s+Rs,si
		: Interview (\$) Photos
Report Format :		: Tech. Invs (\$) (thers
Lump Sum / LBJ	; (G	:Weel end (\$	

SN09213B000R / National Assessment Centre Services [408933] ENTRY DATE & TIME: 11/03/2021 19:36 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (11/03/2021 19:36 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 11/03/2021 19:36 (SGT) Date of Accident 11/03/2021 14:15 (SGT) **Exact Location of Accident** KPE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX5372M

INSURED/POLICYHOLDER

Is company? ONG CHIN TSE Name Of Registered Owner NRIC No SXXXX301H ONGCHINTSEWILLIAM@GMAIL.COM **Email Address** (Phone) +65-96773912 Mobile Phone No +65-96773912 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Camry 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

Private hire

No - Claiming third party Private hire

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5120611668 Policy Number Cover Note Number

DRIVER

ONG CHIN TSE Name of Driver SXXXX301H NRIC No 02/01/1963 Date Of Birth Outdoor Occupation

Date Of Driving Pass	05/10/1983	
Driving experience	37 YEARS AND 5 MONTHS	
Gender	Male	
Mobile Number	(Phone) +65-96773912	
Alt. Phone Number	+65-96773912	
Email Address	ONGCHINTSEWILLIAM@GMAIL.COM	
Address	BLK 134 BEDOK RESERVOIR RD #05-12	39
Address complement	ALMERATS I MEUDOA EF	
Postcode	470134	
Is the driver the policyholder?	Yes	
If No, Relationship of the Driver with the Insured	-	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver		
Vehicle Negistration Number of Outer Vehicle Owned by Envis	the Warrantsky or to be a supplied to the state of the state of	
Insurance Company of Other Vehicle Owned by Driver	representation of the state of	
modration company of care vertice control of		
		No. of St. Company of the St.
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
Weather Conditions	Clear	
Road Surface	Dry	
procedural contra	EGICA -	
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?	No	
Was any injured conveyed to hospital by ambulance?	-	
Was any other material or property damaged?	Yes	
Number of Passengers (Including Driver)	2	
Has the driver been approached by unknown person(s)	2	
soliciting/offering accident claims assistance?	No	
soliciting/one/ing accident dame accident		
PASSENGER 1		
Nema BET VIII CO		
Name	Female	
Gender	remale	
DETAILS OF ROLICE ACTION		
Was the accident reported to the police?	No	
Was the accident reported to the police? Was notice of intended Prosecution given?		
If yes, against whom?	loyaf —	
CIRCUMSTANCES OF ACCIDENT		
		or rightly to be or the second to the
REFER TO STATEMENT.		
REFER TO STATEMENT.		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?		
Was there any audio recorded?	No	
was there any audio recorded?	110	
	SERVICIO E PROPERTY 1	
DETAILS OF OTH	IER VEHICLE PROPERTY 1	
Kert I	80218	15011071 13119
Vehicle Registration Number	YQ1457Z	
Vehicle Manufacturer		
Vehicle Variant		
Vehicle Colour		

Commercial vehicle

Vehicle Colour

Vehicle Category 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)	-

SKETCH PLAN: KPE EXIT PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

I/ We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC / FIN No .: