ASS, REG. BY:	11001						
		ASSIC	GNMENT	- 20 4			
From:	Date:	MODITOR ST	Veh No: SKL 1321Z.	Yr Regn: 2013 Sept			
Estimated Cost:			Type: M.Car M.Cycle Bus Van Lorry Taxi Prime Mover				
The second second second second	TP RES / OD RES / EVA / INV / M\	/	Truck / Trailer or				
To Inspect Vehic		HE WIT	Make: Toyota Altis	c.c 1598.			
at Workshop m/			Colour Gold.	A/C: Insured / Std / NI / NA			
of			Sp.Reading (32206,	T/Radio: Insured / Std / NI / NA			
Insured:			Eng/No:				
Policy No.			C/No: MROS3REE	104166245			
Claims No.			Gen. Cond: Good / Fair / Poor / Burnt				
Sum Insured:	Excess:		Steering: Inorder / Jammed / Leaked / B	urnt or			
(Client's Reco	rd)		Brake: Inorder / Jammed / Leaked / B	urnt or			
Make of Veh:	I WALUE VEHICLA	100 T	Modi: Nil /S/Rim / STD A/Rim or				
	hhhest.k		Tyre Size: F: 195/6	5 (CIS			
(Policy Condit	tion)		R: /85/	65R15.			
Remark: The ve	eh had commenced its	N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /				
repair at the time of inspection.			TOYO/YOKO or West	lake			
Bal. or Market \	√alue:		Front /	Rear /			
IDAC Accident	Rport: Consistent?: Y	es or No	R/Bal. 66 mm	R/Bal. mm			
GIA / PR Seen: Consistent?: Yes or No			L/Bal. 06 mm	L/Bal. 06 mm			
Est. Repairs:	days Res.: Y	es or No	D.O.A.	D.O.I. $15/03/21$.			
Lum Sum:	% 3 Val.: Yo	es or No	'Survey held at	1			
CA / REV	/ REP. / 24 HRS		Des. of Damages : Frt / Rear / O/S / 1				
	Person Contacted:	Vehicle: IN / OUT	The U/C / Chassis frame / Body S				
Date:	Action / Instruction		The O/O / Chassis haine / Body o	tructure amounts and to comment.			
Date / Time	TR China.						
	- 14 11412/74						
	m∨:						
	PV:						
	Nett:						
			August .				
Date/Time, File Pa			Days Of Repair:				
1)	: Final Report		Resurvey No. of Trip:	Survey Fee: Transportation:			
Date/Time, File R	deturn to?	Add Fee	: Site Insp (\$)S ÷ RSSI			
2)		AUTO 1 GG	: Interview (\$) Fholos			
Ps 4 P.	met.		: Tech. Invs (3) Others			
Report For			:Westend (\$				
Lump Sum / LBJ: (3			. AAGELEIKU TO				

TOTAL

MOTOR ACCIDENT REPAIR BASIC INFORMATION					
DATE OF ACCIDENT	11/3/21		1	1	
TIME OF ACCIDENT (24HR FORMAT)	12:10				
EXACT LOCATION OF ACCIDENT	Infant	449	Togora	= Indus	trial Ave
OWN VEHICLE DETAILS					1100
NAME OF REGISTERED OWNER	Huang	Al aine	3		
ID OF REGISTERED OWNER	5127070	OB	,		
OFFICE NUMBER					
EMAIL ADDRESS	fullstop4.	23@ anai	1. com		
VEHICLE PARTICULARS (OWN VEHICLE)					
VEHICLE REG NUMBER	5KL	13211			
VEHICLE MAKE / MODEL					
EXACT PURPOSE FOR WHICH VEHICLE WAS BEING USED AT THE TIME OF ACCIDENT	Per College	ransellmine in	man Alamay An	er parte mon sale	
ARE YOU CLAIMING UNDER YOUR OWN INS. POLICY	YES		3RD PTY	Hardsy to care	REPORT ONLY
VEHICLE CATEGORY	PRIVATE CAR	COMM VEH	GOODS VEH	MOTOR TRADE GOVERNMENT	GOVERN VEH
INSURANCE COMPANY (OWN VEHICLE)					
INSURANCE COMPANY	DRE				
TYPE OF COVERAGE	0.2		E AMERICA .	e som og aveil ut	
FLEET POLICY					
POLICY NUMBER					
DRIVER PARTICULARS					
NAME OF DRIVER					
ID OF DRIVER					4-4-
DATE OF BIRTH	30/6/	1957	/	/	9-11-11-11
RELATIONSHIP WITH OWNER / OCCUPATION				INDOOR /	OUTDOOR
DRIVING PASS DATE	27/1/7	2003	/	1	
GENDER		MALE		FEMALE)	
MOBILE NUMBER	900269	192	L		
OFFICE / HOME / OTHER NUMBER					
HOME ADDRESS	BIK 460 713	- 1034	No Kri	que 10	arad) arad

YES

YES

FILE:

NO

NO

VEH REG NO:

OWNER / DRIVER'S SIGNATURE:			
			W.
DATE / TIME:			

EMAIL ADDRESS

PLEASE INDICATE

WAS THE DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY

DRIVER'S OWN CAR VEHICLE NUMBER

DOES THE DRIVER OWN ANY OTHER VEHICLE? IF YES,

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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 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.
- 8. 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 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 .
 - (i) 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:
 - (i) 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.

0020

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.:

			Parking	
			1001	
	->	10		
DESCRIBE CIRCUMSTANCES OF THE ACCIDE	NT			

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
At mentioned Date and Time, I was
Described and the Experiment Prof. and Control of Contr
parking my vehicle (A) along 449 Tagore
Industrial Ave, when I come to collect
my vehicle and I receiver a paper at
my windscreen, then I realised a rear right
The same and the s
portion hit by vehicle (B). A: SKL 1321L
A: SKL 1321L
3: XD 5466 B
name out a tempeter ad grant constitute (dt) selected act act act and in the
the side of the state of the control of the control of the state of th
control topo y to map analysis and an electrical control and an electr

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 .: