AS	SI	GN	M	E	N	T

From: Date:	Veh No: GBE8469D. Yr Regn: 2016 / April
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
o Inspect Vehicle No:	Make: Nissan NV200 c.c 1461 Colour Yellow. A/C: Insured/Std/NI/NA
t Workshop m/s	Colour Yellow, A/C: Insured / Std / NI / NA
f	Sp.Reading 116119, T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
olicy No.	C/No: VSKYBAM2020123510
laims No.	Gen. Cond Good Fair / Poor / Burnt
um Insured: Excess:	Steering morder Lammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
lake of Veh:	Modi: Nil)/ S/Rim / STD A/Rim or
	Tyre Size: F: 175/70214.
(Policy Condition)	Tyre Size: F: 175/70/214. R: 175/70/214.
Remark: The veh had commenced its N/S	
repair at the time of inspection.	TOYON YOKO or
Bal, or Market Value:	Front / Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. ob mm R/Bal. ob mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Page Van er No	D.O.A. D.O.I. 69/04/21
Est. Repairs: days Res. Tes of No Lum Sum: % 3 Val.: Yes or No	
Luiii Suiii.	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS	e: IN / OUT
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction TPAIG. MV: PV:	,
Nett:	
	271 B
CONTRACTOR AND	766 ·
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2)	Add Fee: :Site Insp (\$)s+Rssi
-1	: Interview (\$) Fhotos
Report Format :	:Tech. Invs (\$) Others
Lump Sum / LB.I: (3	: Weet end (\$
Formy Court Inc.	TOTAL

SN0921490002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 09/04/2021 09:12 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (09/04/2021 09:12 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

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

09/04/2021 09:12 (SGT) 08/04/2021 14:30 (SGT) CTE, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBF8469D

INSURED/POLICYHOLDER

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

Yes HOCKHUA TONIC PTE LTD

JMARTAUTO@GMAIL.COM (Phone) +65-96735861 +65-96735861

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 Transmission CC

Nv200

Nissan

Employment

No - Claiming third party Commercial vehicle Auto 1500

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Liberty Insurance Pte Ltd Comprehensive No SD20V10268/VCV/R03

DRIVER

Name of Driver NRIC No

NG KIM LONG SXXXX684A



Date Of Birth 08/10/1971 Occupation Outdoor

Date Of Driving Pass 04/12/1997 Driving experience

23 YEARS AND 4 MONTHS Gender Male

Mobile Number (Phone) +65-96735861 Alt. Phone Number

Email Address JMARTAUTO@GMAIL.COM Address BLK 408 WOODLANDS ST 41 #03-09

Address complement Postcode 730408

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 to Rear 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

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 STATEMENT.

ATTACHMENT(S)

Address

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

DETAILS OF OTHER VEHICLE PROPERTY 1

GBC413C Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

Commercial vehicle MUHD SABRI BIN NOORDIN Name of Driver

NRIC No SXXXX993H Contact Number

Accident report SN0921490002

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. Rease 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.
- 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.
- 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 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.
- 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:
- (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;
- (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.

Policyholder's Signature / Date & Time

19

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

Int

Witnessed by Reporting Centre

Sketch Plan

CIE

DA 8/4/2

A: COE 8419D

B: GBC 4130

J.	100	druing	along	CTF,	sudden	ly my	uh		
OC.	0	tion	haine	collided	lai	reh T	2		
001	1	1.170-7	16.00	COULTA		V			
	-								
Decla	ration								
We de	clare the	foregoing parti	culars are true	n every respect.					
If wow w	viets to al	or sounday	rown noticy pla	ease be advised th	at your insure	r may have a f	ourteen (14) da	ys clause whereb	y the cla
must be	e made v	within the stiples	ted timeframe t	rom the day of occ	currence. Kind	ly check with y	our insurer for	more details.	
	1	SINOS		19				m	
	1	ignature / Date 8		Signature (# driver	is not the poli	ruheldari / Dat	1ABross	ed by Reporting C	antra