ASSET FOR BY: TOUGHT OF CT	
ASS	GIGNMENT
From: Date:	Veh No: GBGS/42E Yr Regn: 20/7, Aug 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	1 1 Wisco 9482
To Inspect Vehicle No:	
at Workshop m/s *	- Colodi
of	- Optiveating 1 (60 d)
Insured:	Eng/No:
Policy No.	
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: In order Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
:	Tyre Size: F: 22/45 RG
-{Paticy Condition)	X
Remark: The veh had commenced its N/S O/S	DOT DOTT ENGINEER TO THE TOTAL TO THE THE TOTAL TO THE TO
repair at the time of inspection.	TOYO/YOKO or Towader.
Bal. or Market Value: \$64K	<u>Front</u> <u>Rear</u>
IDAC Accident Rport: Consistent? ; Yes or No	R/Bal. R/Bal. mm
GIA / PR Seen: Consistent? ; Yes or No	L/Bal. 6 mm L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 3/5/2/
Lum Sum: % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
Vehicle: IN / C	The U/C / Chassis frame / Body Structure affected due to collision.
Date/Time Action/Instruction	12 45.5 74
Repair Range	\$4000-\$5000 Fdeys
	2
Date/Time, File Pass to? Predi Report	Dave Of Panair
	Days Of Repair:
1) : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
- A 444	
2)	: Interview (\$) Photos
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Lengther Author	Meel end ox
Editor State April 1	



SM0G214S0002 / MODERN AUTOMOTIVE PTE LTD ENTRY DATE & TIME: 28/04/2021 09:52 (SGT) SUBMITTED BY: CHIN SOI SHONG GRACE VERSION: 1 (28/04/2021 09:52 (SGT))



G 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
- 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.

- 4. The issue and acceptance of this round by insurance companies is not an authorison of policy made in the part of the policy of the policy for investigation.

 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

28/04/2021 09:52 (SGT) 27/04/2021 08:06 (SGT) Sumang Walk, Singapore NEAR SOON TECK LRT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBG5142E

INSURED/POLICYHOLDER

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

Yes UKA LEASING PTE LTD 2XXXXX072Z QASAUTO2011@GMAIL.COM (Phone) +65-67429983 +65-90620482

VEHICLE PARTICULARS

Model Variant

Manufacturer

Toyota Hiace

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 Transmission CC

Employment

No - Claiming third party Commercial vehicle Manual 2982

INSURANCE COMPANY

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

NTUC Income Insurance Co-operative Ltd ThirdPartyFireTheft Yes 5111756805

DRIVER

Name of Driver NRIC No

MUHAMMAD RAZIF BIN AZMAN SXXXX985A

Accident report SM0G214S0002

Date Of Birth 31/01/1990 Occupation Outdoor Date Of Driving Pass 24/05/2010 Driving experience 10 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-90620482 Alt. Phone Number Email Address RAZIFAZMAN3101@GMAIL.COM Address BLK 207B COMPASSVALE LANE #02-24 Address complement Postcode 643207 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name NA Gender Male **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 AT TRAFFIC LIGHT, I WAS STATIONARY TO GET READY TO MOVE OF AFTER THE CAR IN FRONT OF ME. SUDDENLY THE LORRY BEHIND ME BANG MY REAR. NO INJURY REPORTED. ATTACHMENT(S) 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** Vehicle Registration Number GBD8748D Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

Contact Number Address Address - Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident (Phone)	vehicle G KAM THONG) +65-91857097
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 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>.
- 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 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 insurers) 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, "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.

asing to

Policyholder's Signature Date & Time: Asy.

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

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