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Report Format: Tech. Invs (\$) Others		
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		TOTAL



CTP Insured's Veh No : GBB8923A Date of Accident : 24 June 2021

1 Defu Lane 6 Singapore 539365 Tel: 68585151 (24 Hours) Fax: 68580877

GST Regn. No. : M2-8922054-2

Messrs Joyway Pte Ltd

Date: 26 June 2021

Estimate To Repair YP3227M - Hino XZU710R-HKFMS3

Chassis No: JHHUCS3H70K017630

19/07/201 0 044ds

	S/No	Quantity	Description		Amount	
			LIST ITEMS			
	01	2 ps	rear tailgate lid @ \$300.00	\$	600.00	X
	02	2 ps	rear lamp @ \$280.00	\$	560.00	_
	03	1 pc	n/s rear lamp panel NS	\$	150.00	X
	04	1 pc	rear step wooden bar CN	\$	400.00	-
	05	1 pc	rear bumper buf NC	\$	650.00	V
				\$	2,360.00	1
			Less 10 %	\$	236.00	
				\$	2,124.00	
			SPECIAL NETT ITEMS			
	06	1 pc	rear licence plate	\$	50.00	19
				\$	50.00	, '
			LABOUR & MISC. CHARGES	<i>p</i> .		2
	01		To check electrical lighting concerned.	\$	80.00	2
	02		To transfer of tailgate fittings, fixture and perform waterseepage test.	\$	17 120.00	
1.0	03		Panel beating, knocking and straighten the necessary portion,	\$	600.00	30
)	04		remove and renewal of parts, adjust and realign the same. Putty and spray painting of the affected portion.	\$	350.00	12
				\$	1,150.00	
			Total Not Arthure.	\$	3,324.00	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 25/06/2021 15:55 (SGT) 24/06/2021 16:50 (SGT) Singapore YISHUN AVENUE 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

YP3227M

INSURED/POLICYHOLDER

Country/State of Loss

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

Yes JOYWAY PTE LTD 2XXXXX828E SIENJIEN@ONENESS.COM.SG (Phone) +65-67182255 (Office) +65-67182255

VEHICLE PARTICULARS

Manufacturer Model Variant

Hino XZU710R

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

No - Claiming third party Commercial vehicle

Auto 4009

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Lonpac Insurance Bhd Comprehensive Z20VC05005537

Policy Number Cover Note Number

DRIVER

Name of Driver Passport No/FIN RAJENDRAN BALASUBRAMANIYAN GXXXX337U



Accident report SK0L216P0005

Page 1 of 15

Date Of Birth 05/11/1992 Occupation Outdoor Date Of Driving Pass 05/06/2018 Driving experience 3 YEARS Gender Male Mobile Number (Phone) +65-89116447 Alt. Phone Number **Email Address** SIENJIEN@ONENESS.COM.SG Address 5, LITTLE ROAD, #03-01, CEMTEX INDUSTRIAL BUILDING, S Address complement Postcode 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle 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 THE ATTACHED. ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 GBB8923A

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver

 Contact Number

 AUUIUSS

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	RAJENDRAN BALASUBRAMANIYAN
Address	5, LITTLE ROAD, #03-01, CEMTEX INDUSTRIAL BUILDING, S .536983
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	YP3227M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please 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 .
- (ii) 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 enquines 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

Driver's Signature (N driveris and the policy holder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vishin dan)

A: YP 3227M B: GBB 8923 A

Describe Circumstances of the	Accident	
OV.	Accident 24/06/2021 at obout 1650 h. 2m) on the outer lane a Misher direction. The udicles Stopped and I Collowed Su Applied & rear portlin and 3A) had his orto raw parts lend I felt unwell.	is I was driving
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As declare the foregoing particulars are	true in every respect.	101-111
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	75.06.2021	
	iver's Signature (#-eliver is not the policyholder) / Date	Witnessed by Reporting Centre