ASSIGNMENT

From:	Date:	Veh No:	6313018T. Yr Regn: 2021 May.		
Estimated Cos	st:	Type: M.Car / M.Cycle / Bus Van / Lorry / Taxi / Prime Mover /			
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Truck / Trailer or			
To Inspect Vel	nicle No:	Make:	Nissen NV200 c.o 1597.		
at Workshop n	n/s	Colour	Grey . A/C: Insured / Std / NI / NA		
of		Sp.Reading	6488 T/Radio: Insured / Std / NI / NA		
Insured:		Eng/No:			
Policy No.		C/No:	VM20163813		
Claims No.		Gen. Cond:	od) Fair / Poor / Burnt		
Sum Insured:	Excess:	Steering: norder / Jammed / Leaked / Burnt or			
(Client's Rec	ord)	Brake: nord	Brake: norder / Jammed / Leaked / Burnt or		
Make of Veh:		Modi : Nil / :	Modi : (Nil) / S/Rim / STD A/Rim or		
		Tyre Size:	F: 165/80 RIY		
(Policy Cond	ition)		R: 165/80 R/t.		
Remark: The v	veh had commenced its N/S O/S	BS / DUN / EX	NOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repa	ir at the time of inspection.	TOYOU YOK	O or		
Bal. or Market	Value:	Front	Rear		
IDAC Accident	Rport: Consistent?: Yes or No	R/Bal.	06 mm R/Bal. 06 mm		
GIA / PR See	en: Consistent? : Yes or No	L/Bal.	06 mm L/Bal. 06 mm		
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 06/07/21		
Lum Sum:	% 3 Val.: Yes or No	Survey held at	MG Solition.		
CA / REV	/ REP. / 24 HRS	Des. of Damag	es: Frt / Rean / O/S / N/S / U/C / Rooftop or		
	Vehicle: IN / OUT				
Date:	Person Contacted:	The U/C /	Chassis frame / Body Structure affected due to collision.		
Date / Time	Action / Instruction TP Church		,		
1 702	TOTAL PROSPERSION OF THE PROPERTY OF THE PROPE	everyal-nu-	1,656.97 1,666.97		
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	M√ :				
	PV:				
	Nett:		TERRIE STEENSGERINGER		
		-	2110 =		
1.00 30000			3475		
Date/Time, File Pa	: Preli. Report	Days Of Repa	air:		
i) : Final Report		Resurvey No.	of Trip: Survey Fee:		
Date/Time, File R	eturn to?		Transportation:		
2)	Add Fee	: Site In	sp (\$)s +Rssi		
	Make Servine Sequence Santa.	: Intervi	ew (\$) Photos		
Report Format:		:Tech.	Invs (3) Others		
Lump Som / LBJ: (\$:Weel	end (*)		
			70741		

SL0E21750005 / Lee Sheng Auto Pte Ltd ENTRY DATE & TIME: 05/07/2021 19:26 (SGT) SUBMITTED BY: Lee Ek Chen VERSION: 1 (05/07/2021 19:26 (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
 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.

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

05/07/2021 19:26 (SGT) 03/07/2021 12:30 (SGT) Serangoon Rd, Singapore SLIP ROAD FROM SERANGOON ROAD TOWARDS PIE (TUAS) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBL3018T

INSURED/POLICYHOLDER

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

CALVARY CARPENTRY PTE LTD CXXXXXXXXXXXXXXXXXXXX LTD contact@calvarycarpentry.com (Phone) +65-96429140 (Office) +65-96429140

VEHICLE PARTICULARS

Manufacturer

Model 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 Transmission

Employment

Nissan

Nv200

No - Claiming third party Commercial vehicle Auto 1600

INSURANCE COMPANY

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

NTUC Income Insurance Co-operative Ltd Comprehensive No 5121997694

DRIVER

CC

Name of Driver NRIC No

CHEN JUN WEN SXXXX420J

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement

Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

14/05/1991 Outdoor

> 25/07/2014 7 YEARS

Male

(Phone) +65-97229842

contact@calvarycarpentry.com BLK 171 YISHUN AVE 7 #03-781

S 760171

No

Employee

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Head to Rear

Clear 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) 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

PLEASE REFER TO SKETCH PLAN

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 SLD1579C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car 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)	-

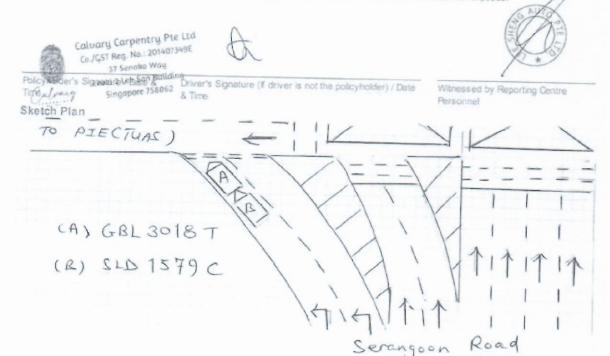
SKETCH PLAN

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 flability.
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- 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.
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that :

- (a) My insurer , my workshop and the General Insurence 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 who have insured vehicle(s) involved in this accident (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
- (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
- (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.



Describe Circumstances of the Accident

John 03/07/2021 at about 1230 hrs at slip road From Serangeon Road towards PIE (Tuas)/CTE. I was travelling on the extreme Left tene and came to a stop while giving way to the main traffic. Syddenly I felt a great impact from the Reer and when I dighted. I realised that it was Vehicle (B) who hit outo my Reer Portion of my Vehicle (A) causing damage. to my vehicle. (A) GRL 3018 T (B) SID 1579 C	
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CA) GRL 3018 T (B) SLD 1579 C The Please note that your insurer may have 14 days time trame for you to submit an Own Damage Claim under value.	dighted. I realised that it was behide (B) who hit
(A) GRL 30/8 T (B) SLD /ST9 C The Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under the contract of the	onto my Rear Portion of my Vehicle (A) causing damage
(B) SLD 1579 C (C) SLD 1579 C (C) SLD 1579 C (C) SLD 1579 C	to my vehido.
(B) SLD IST9 C Te: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim understand	
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	ur own comprehensive policy. Please check your policy for more information.

Declaration

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



Calvary Carpentry Pte Ltd. Co./GST Reg. No.: 201407349E 37 Senoko Way Level 2 Leb Son Building Simpagner 25 2012

Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel