ASS. REC. BY: Steve - CS3/CT121007571/Etc. ASSIGNMENT CS/CTI21007571/Etc . SFU S892E From: Dala: Veh No: Estimated Cost; Type: M.Car / M.Cycle / Bus / Van / Lorry ATaxl / Prime Mover / OD (TP) WS/JP RES / OD RES / EVA / INV / MY Truck / Trailer or To inspect Vehicle No: Toyota Sienta Make: al Workshop m/s Insured / Std / Nt / N Colour T/Radio; Insured | 8td | NI | P Sp.Reading Insured: . Eng/No: Policy No. C/No: Claims No. Gen. Cond: Good /- Fair / Poor / Bugnt Sum Insured: Steerings Inorder / Jammed / Lacked / Burnt or (Client's Record) Brake: Inorder / Jammed / Leaked / Burnt or Make of Veh: Mod! NII /S/Rim / STO A/Rim or Tyre Stze: (Policy Condition) Remark: The veh had commonced its BS / DUN / EXNOVA / GY / FS / LIZA / MIQ / OHTSU / PIR / SUMI / repair at the time of in spection. TOYO / YOKO or \$ P.al. or Market Value: Rear Front IDAC Accident Rook: Consistent7: Yes or No R/Bal. R/Bal, mm FIA / PR Seen Consistent7 : Yes or No L'Bal. N8al Est. Repairs: D.O.A. 0,:0.1. Lum Sum: 3 Val.: Yes or No Survey held at Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA I REV I REP. I 24 HRS Rear RH. Vehicle: IN/OUT Person Contacted: The :U/C / Chastis frame / Body Structure allected due to collision Dale / Yims Action / Instruction Waiting estimate unconfirm \$6650,10DAYS RED:22056.19;76% 10 AleThie Fle Poss W. . . : Prell. Report Days Of Repair: Survey Fee: : Final Report Resurvey No. of Trip: ale/Tuno, Fão Reium 107 Transportation : Sile Insp Add Fee: 8 + RS_ Interview (\$ Phobse Tech. Inva 18 SALAN. SALLING FORDAN : Westiend 15 11.5.1: (3.1 mus 300)

SF0H217C0002 / FALCON-AIR AUTO SERVICES PTE LTD [128226] ENTRY DATE & TIME: 12/07/2021 10:53 (SGT) SUBMITTED BY: Andy Esperanza

VERSION: 1 (12/07/2021 10:53 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

Please report <u>correctly</u> the details of the accident to speed up the claims proce
 This Form must be <u>completed</u> by the <u>Policyholder and/or the Authorised Driver</u>

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.

CIDENTISTATEMENT

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

12/07/2021 10:53 (SGT) 11/07/2021 11:48 (SGT) Choa Chu Kang Rd, Singapore TOWARDS PHOENIX ROAD Singapore

FOWN VEH

Vehicle Registration Number

SFU5822E

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address**

Mobile Phone No Alternative Phone No

No

TEO TECK LEE JULIAN

SXXXX903J

TEOTECKLEE@GMAIL.COM

(Phone) +65-92261551

+65-92261551

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

Toyota Sienta

Private hire

No - Claiming third party

Private hire

Comprehensive

5115866973-01

Auto 1500

No

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver

NRIC No

TEO TECK LEE JULIAN SXXXX903J

NTUC Income Insurance Co-operative Ltd



Accident report SF0H217C0002

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 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 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 #2

SKETCH PLAN

IMPORTANT NOTICE

- t . Power a politicarrently too details of the according to approximate status area $\alpha_{\rm eq}$
- 2. W. Commestive completed by the Policybolder and/or the Authorised Oriver
- is beautiful provided to still cas fruthful and accurate as possible. Any reducing a percent over with stell from a factor of all at less a tree companies to graphical policy bability.
- 2. The excellent and accentains of the Leavity insurance companies what we admiss and public limits and the production resource as remove.
- 5. Any take reporting may be referred to the Police for invesdigation
- 6. The report at the fermioned by the first retrief the CAN Recently Management Contraviolation of the Recently section Association
- of Singapore, GA, for architery and put comes of this remail will be a figure on the available and managed for by effective the effect.
- 2 by the languagement of this respect to the insurers, you must you consent to the rich way of this report of the centre and to copies of the second or our must available after each
- & Consent under the Personal Data Protection Act (PDPA)

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Complete specific months on the disclosed by any of the historiers unador CM. In the orbital party service providers or agents as Lid 13 (Fig. 15w), each list if mail with thirty be seed abside of Brigadorie for one or more of the above Populaes.

((1/ MIL))

Polity of dark Stynotore / Date &

Diver a Signature of drawn a not the polaryhelder) (One & Time

Vitnessed by Reporting Central Description

Sketch Plan

BDAD

A = SFUS822E B = GRC9183K

describe Circumstances of the Accident
L WAS TRAVELLING
SIRAICHT ALONG.
CHOA CHU KANG. ROAD,
BEFORE BEACHING
THE PHOENIX POAD,
1 SCOWED POWN TO
GNE WAY FOR THE
PUBLIC BUS TO EXIT
FROM THE BUS STOP.
MOMENT LATER (WHEN
WAS STATIONARY)
VEHICLE BILLIANS
THE BEAR OF MY CAR

Declaration

Sever's Sepreture (fill driver is not the poll-whether). The Window Leve Beg. (1992) who does not be seen to the second sees not the poll-whether.

iste Of Birth Occupation Coste Of Driving Pass priving 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

01/05/1964 Outdoor 26/06/1982

39 YEARS AND 1 MONTH

(Phone) +65-92261551

+65-92261551

TEOTECKLEE@GMAIL.COM

BLK 351 CHOA CHU KANG CENTRAL # 14-351

680351 Yes

No

Collision - Head to Rear

Dry

Clear

No 2 No

Yes 3

No

PASSENGER Female

PASSENGER Female

No

No

IIDETAILS OF OTHER VEHICLE PROPERTY IN

Yes

No No

Vehicle Registration Number Vehicle Manufacturer

GBC9583K

Accident report SF0H217C0002

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