
ASS. REG. BY: REF: SMO /	21007801/Kt
From:	SIGNMENT
Estimated Cost:	_ Veh No: PC 6693 E Yr Regn: 09, 17
	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD I/TP I/WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No:	Truck / Trailer or
# \W. d. L	Make: Toy 1 Hirac 62 c.c 2882
of Monshop mys Learn Auto	Colour Silve AC: Insured / Std / NI / NA
Insured:	Sp.Reading 113817 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No	CNO: KOH 223 . CO31749
Sum Incurado	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
	Modi: Nill / S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 195R15XP
Remark: The year had seemed to	R:
repair at the time of inspection.	BS /OUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value:	TOYO / YOKO or
IDAC Accident Rport: Consistent? : Yes or No	Front Rear
GIA / PR Seen: Consistent?: Yes or No	R/Bal. 7 mm R/Bal. 7 mm
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Lum Sum: 2c v 3 Vol: Voc on Vo	
	Survey held at
Vehicle: IN / OUT	Des. of Damages: Frt / Rear I O/S / N/S / U/C / Rooftop or
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	anocted due to conision.
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SUBMIT PRS REPORT .	/
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Outs/Time, File Return to?	Survey Fee:
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G 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 <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 22/07/2021 17:32 (SGT) Date of Accident 21/07/2021 16:55 (SGT) Exact Location of Accident Punggol Field, Singapore Additional Location Information junction of Punggol Field and Punggol Road Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC6693E

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Commuter-Plus Express 5XXXX178E Company Reg No Email Address commuterplus@gmail.com Mobile Phone No (Phone) +65-94368168 Alternative Phone No (Home) +65-94368168

VEHICLE PARTICULARS

Manufacturer Tovota Hiace Model Variant Exact purpose for which vehicle was being used at time of **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Bus Transmission Auto 2982 CC

INSURANCE COMPANY

Name of Insurance Company **AXA Insurance Pte Ltd** Type of Coverage Comprehensive Fleet Policy No Policy Number GA506478/1 Cover Note Number

DRIVER

Name of Driver Tan Siang Loong SXXXX589C

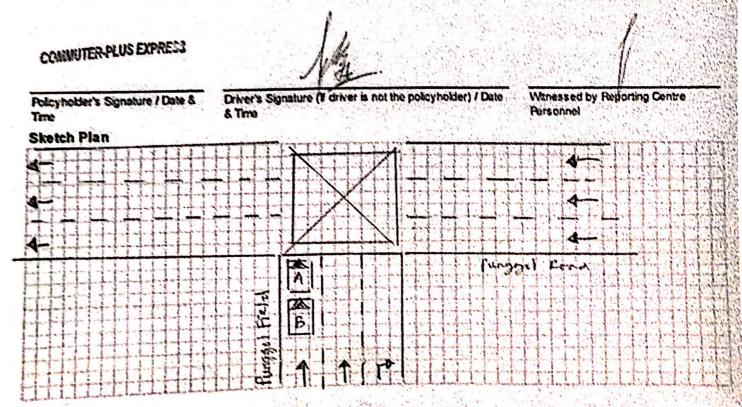
Accident report SS02217M0006

Page 1 of 14

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- aks inscrease conqueres to repudiate policy liability * The date and accordance of the Formby increases companies is not an admission of policy habity on the part of the insurance
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- of Square, (34) to arrive and that copies of this report will for a fee be made available upon application by interested parties.
- * By the transmit of the result to the members, you hereby consent to the archiving of this report at the dentre and to copies of the transfer details in more appropriate advantage
- 3. Consent under the Personal Data Protection Act (PDPA)

territoristans actions before appearant consent that t

- (a) All insurer, my is critiships and the Ceneral Issurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and process my personal data personal information set out in this [form] and any other personal information provided by me or presessed by my resure (colorstrate the "Personal Information") and disclose and transfer such Personal Information to at insurer(s) who have secred vehicle(a) involved in the accident (all ensurer(a) who have insured vehicle(a) involved in this accident shall be collectively referred to as the 'Insurers'), the Insurers' law yearshaw from the Monetary Authority of Singapore and any relevant government agency/outhordy (such as the police), for the purpose(s) of
- (it processing handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claim.
- (ii) investigating the accident and/or my claims;
- (a) carrying out and/or dealing with my instructions or responding to any enquiries by me:
- (iv) administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve exclusive 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) at 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 to an be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their terry yers taw firms), which may be seed outside of Singapore, for one or more of the above Purposes.



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