uss, REC. BV:	REF:	· .		
	NEF.			
	ASSIC	GNMENT	- 1	
From	Date:	veh No: SMC8458	3 Richard 2018 July.	
Estimated Cost:		Type M.Car / M.Cycle / Bus / Van / Lor		
-	RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehicle		Make: Mit Atrag	e c.c 1193	
at Workshop m/s		Colour Black	A/C: Insured / Std / NI / NA	
of		Sp.Reading 2/0849	T/Radio: Insured / Std / NI / NA	
nsured:		Eng/No:		
Policy No.	nos nonces y como estra ná pretinco na	C/No: MMBSTA13A	AJH 00250	
Claims No.		Gen. Cond. Good / Fair / Poor / Burnt		
Sum Insured:	Excess:	Steering/Inorder / Jammed / Leaked /	Burnt or	
(Client's Record)		Brake: Inorder / Jammed / Leaked /	Brake: Inorder / Jammed / Leaked / Burnt or	
Make of Veh:	precision relates to partition that has a	Modi: Nil/ I S/Rim / STD A/Rim or		
		,	5 R15	
(Policy Condition		R: 185/	55 RIS	
2. 3	had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC) OHTSU / PIR / SUMI /		
	t the time of inspection.	TOYO/YOKO or	PERIOR BRUSHING	
Bal, or Market Val	lue:	Front	Rear	
IDAC Accident Rp	O i-tout2 - Van ar No	R/Bal. of mm	R/Balmm	
GIA / PR Seen:		L/Bal. 06 mm	L/Bal. mm	
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 02/08/21.	
Lum Sum:	% 3 Val.: Yes or No		mobile Hub.	
	REP. / 24 HRS	Des. of Damages : Frt / Rear O/S	N/S / U/C / Rooftop or	
Date:	Vehicle: IN / OUT Person Contacted:	The U/C / Chassis frame / Body	Structure affected due to collision.	
Date / Time	Action / Instruction			
Marie	TP Cline.			
	50	17.1.12	-1-/	
			SLEETS 4	
	MV : PV :			
	Nett:	· ·		
	/100 /			
			/ /	
	s lo? : Preli. Report	Days Of Repair:		
Date/Time, File Pass	: Final Report	Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Pass	. I mai report	mercial sten 56 horanger (Transportation:	
1)	um to?		Transportation.	
1) Date/Time, File Refu	um to?	e: Site Insp (\$) s + R.SSI	
1)		e: : Site Insp (\$		

: Weet end (\$

Lump Sum / LBJ: Ca

SY09217U0003 / YEW TEE AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 30/07/2021 16:10 (SGT) SUBMITTED BY: TOH TZE CHANG VERSION: 1 (30/07/2021 16:10 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 30/07/2021 16:10 (SGT) Date of Accident 30/07/2021 11:50 (SGT) **Exact Location of Accident** Singapore Additional Location Information PIPIT RD BLK 90 CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number **SMC8458R**

INSURED/POLICYHOLDER

No Is company? TEO SOY GEK Name Of Registered Owner SXXXX625Z NRIC No SGTEO0735@GMAIL.COM **Email Address** (Phone) +65-96221289 Mobile Phone No (Home) +65-96221289 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Attrage 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 No - Claiming third party your vehicle? Private hire Vehicle Category Auto Transmission 1193 CC

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5110459594-02 Policy Number Cover Note Number

DRIVER

TEO SOY GEK Name of Driver SXXXX625Z NRIC No

Date Of Birth 28/07/1953 Occupation Outdoor Date Of Driving Pass 16/07/1975 Driving experience 46 YEARS Gender Male Mobile Number (Phone) +65-96221289 Alt. Phone Number (Home) +65-96221289 **Email Address** SGTE00735@GMAIL.COM Address BLK124 GEYLANG EAST AVE 1 #07-35 Address complement Postcode 380124 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - Major/Minor Rd 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) 1 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED 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 GBC5035C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver Contact Number

Address complement

Address

	_
Postpode	
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	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	
Injured person in which vehicle?	SMC8458R
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 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 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 folse reporting may be referred to the Police for investigation.
- 5. 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 svallable upon application by interested parties.
- 7. By the ladgement 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)

l 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 insurer(s) 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, hendling 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me,
 (iv) administering my claims (notified the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about dalivery 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.

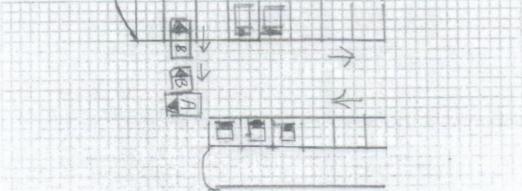
(collectively the "Purposes")

- (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 Purposas; and
- (c) my Personel 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 sted outside of Singapore, for one or more of the above Purposes.

Driver's Signature (Vigriver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan



Pipit Rd BIK90 Car Park

Describe Circumstances of the Adoldent
While I was driving out of car park
Blk, 90 pipit road, the Lorry suddenly reverse, hit my right Side of my vihicl
reverse, hit my right Side of my Upicl
The transfer of the second of

IWe declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel