ASS	11	NIA	1	4	VIE
LEUD	FLE	T 4 T 4	1	ĿΙ.	J. F.

From: Date:	Veh No: 68480896 Yr Regn: 2017, NOV.
Estimated Cost:	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 Vehicle No:	Make: Maxus G110. cc 1850
at Workshop m/s	Colour Silver A/C: Insured / Std / NI / NA
of	Sp.Reading 93617. T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Deliny No	C/No: LSK G4GLIOH A061686
Claims No.	Gen. Cond. Good/Fair/Poor/Burnt
Sum Insured: Excess:	Steering: (norder) Jammed / Leaked / Burnt or
oun mouros.	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
INIGINE OF YETT.	Tyre Size: F: 215/70816C
(D. Koro Coro dikion)	R: 215/70R16C
(Policy Condition) Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or Falker.
	Front Rear
Bal. or Market Value: UDAC Accident Pront: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm
IDAC Accident report.	L/Bal. 06 mm L/Bal. 06 mm
Dear Ves et No	D.O.A. D.O.I. 08/09/2/.
Lat. repairs.	'Survey held at Rydes .
Lum Sum: % 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S / W/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: II	NAME OF TAXABLE PARTY O
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
TP Loa Pec.	
CI CASCA ANGUARAN A MOTO BARAN	
20.1	The second secon
MV: PV:	
Nett:	
7,46(1)	
(Processed)	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Id Fee: Site Insp (\$) 3+RS_SI
2)	ACT TO STATE OF THE STATE OF TH
	: Interview (\$) Photos
Report Format:	: Tech. Invs (\$) Others
Lump 2 cm / LP.E. (\$)	: Weel end (\$

Accident Reporting Draft

VEHICLE NO: GBG8039G

MODEL: MAXUS G10



DATE OF ACCIDENT	6/9/2021 C.C: 1,850			
TIME OF ACCIDENT	1430 HRS AM/PM			
LOCATION OF ACCIDENT	SUNGEI KADUT AVE			
EXACT PURPOSE USE DURING ACCIDENT				
NAME OF OWNER	EASTERN TUNNELLING PTE LTD			
CONTACT NO.	67571737, 97571737 EMAIL: terrislimridong@yahoo.com.sg			
NRIC	200809964E			
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P			
INSURANCE CO.	NTUC			
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT			
POLICY NO.				
NAME OF DRIVER	AS ABOVE / IF (10): LIM AH MEE, TERRY			
NRIC	S0026855J ANY PASSENGER: 1			
DATE OF BIRTH	27/8/1952 F: Irene Lim			
OCCUPATION	OUTDOOR (INDOOR)			
DATE OF DRIVING PASS	11/1/2014			
GENDER	MALE/ FEMALE			
CONTACT NO.	67571737, 97571737 EMAIL: terrislimridong@yahoo.com.sg			
ADDIESS	3 SUNGEI KADUT AVENUE S(729640)			
DOES DRIVER OWN OTHER VEHICLES	(NO) IF YES: REG NO.			
RELATIONSHIP	EMPLOYEE/IF NO:			
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR			
ROAD SURFACE	(DRY) / WET/ OTHER: DRY			
ANY INJURIES	NO / IF YES: NO			
CCNTACT NO.				
POLICE REPORT	NO / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?			
VIDEO RECORDING	NO/ YES NO/IF YES: WHO? no			
AUDIO RECORDING	NO YES SCENE PHOTO(S) NO / YES			
VEHICLE B NO.	FBH2962U ANY PASSENGER:			
NAME				
CONTACT NO.				
VEHICLE C NO.	5025S ANY PASSENGER:			
VEHICLE D NO.	SDA9038F ANY PASSENGER:			
VEHICLE E NO.	YP859J ANY PASSENGER:			
VEHICLE F NO.	YN2772Y ANY PASSENGER:			
ANY WITNESS	G-SMR644T			
WITNESS CONTACT NO.				
PARTICULAR WORKSHOP				
MOBILE NO.	Ruder Auto Pte Ltd			
CONTACT PERSON	Auto Pte Ltd			
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,			
HAVE YOU BEEN APPROACHED BY	Singapore 417921			
UNKNOWN PERSON SOLICITING(S)/	Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277			
OFFERING ACCIDENT CLAIMS				

NO / YES

ASSISTANCE?

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. infor nation 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.
- 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)

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' 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 the claims;
- (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, involces, 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.

Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Data Policyholder's Signature Date & Personnel Sketch Plan SUNGET KADUT AVE

A-4BG 80894 13- FBH 296211 D. SDA 9038F F. 4P850 F. YN 27724 LT, SMR 6447



Describe Circumstances of the Accident

WITH THE VEHICLE	E D (FBH/9h/II) HII THE LEET	AS THE TRAFFIC LIGHT WAS RED. SIDE OF MY VEHICLE. VEHICLE C RVE LEFT AND RIGHT AND HIT ONTO
	STATE DIVING.	NAME OF THE PARTY
	nach-Imasikakansi	
	La company and a second	All MALI MACIG opuly assessment special
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	(ETMBN)	CHESIAA (HORSANDED SULLAURUM SAGRA (CO.
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		classificaciano grandolos dol calcio
-		Final address association
claration		
declars the foregoing particular		
declare the foregoing particula		
wish to claim against your ow	n policy, clease be advised that your insurer n	hay have a fourteen (14) days clause whereby the claim
The state of the s	notified day of Securificate. Kindly (rieck with your insurer for more details.
The H	E 6	
hokler's Signature	Signature (If driver is no the policyh	
holders Signature (Carlo 2	Ciarabas (W. 1.	older) / Date Witnessed by Reporting Centre