CS/CTI21010092/Avc

	ASSI	GNMENT								
(**	Profes	Veh No: SMC3630S, Yr Regn: 2018/ June								
From.	Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /								
Estimated Cost:		Truck / Trailer or								
	TP RES / OD RES / EVA / INV / MV	40 (47 A)								
To Inspect Vehi		Make: Tayola Attis c.c 1598 Colour Silves A/C: Insured/Std/NI/NA								
at Workshop m/	(5									
of	XE 3791U	op. Neading /2(06)								
insured.		Eng/No: MROS3REH 604584761								
,	DMCVSNA00101152100	Gen. Cond: Good / Fair / Poor / Burnt								
Claims No S	SNM21D205532/C02/LEWLC	Steering Noorder / Jammed / Leaked / Burnt or								
Sum Insured:	Excess:									
(Client's Reco	ord)									
Make of Veh:	A000	Modi: Nil (S/Rim / STD A/Rim or Tyre Size: F: 2/5/45 R17								
		Tyre Size: F: 215/45 R7.								
(Policy Condit										
	eh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA /MIO / OHTSU / PIR / SUMI /								
repai	r at the time of inspection.	TOYO/YOKO or								
Bal. or Market \		Front Rear R/Bal. 06 mm								
IDAC Accident		LIPOL OB MAN								
GIA / PR See										
Est. Repairs:	days Res.: Yes or No	111								
Lum Sum:	% 3 Val.: Yes or No									
CA / REV	/ REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or								
	Vehicle: IN / OUT Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.								
Date:		The Ord 7 Chassis frame 7 Body Structure directed due to comment								
Date / Time	Action / Instruction	and the state of t								
20/1/22	Adrian informed LS \$9500 (Red 655	8.28, 41%)								
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	PV:	The second second read and the repair to the second read and the s								
EN WEST	Nett:	A THE ORDER OF THE PROPERTY OF								
		100 W 1982 W 18								
Date/Time, File Pa	ass to? : Preli. Report	Days Of Repair: 9								
1)	: Final Report	Resurvey No. of Trip: 1 Survey Fee:								
Date/Time, File F		Transportation:								
2) 21/1/22	2-typist Add Fed	9: : Site Insp (\$)8+R88								
	HOC Autro)	: Interview (\$) Photos								
Report For	Merimen	: Tech. Invs (\$) Others								
	\$9500	:Westend (%								

SY09219S0001 / YEW TEE AUTOMOBILE TECH PTE LTD [737856] ENTRY DATE & TIME: 28/09/2021 11:08 (SGT) SUBMITTED BY: TOH TZE CHANG VERSION: 1 (28/09/2021 11:08 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 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.

4. The issue and acceptance of this 1 of 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 28/09/2021 11:08 (SGT) 27/09/2021 16:50 (SGT) Date of Accident **Exact Location of Accident** Singapore TPE TWDS SLE BEFORE LORONG HALUS EXIT Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC3630S

INSURED/POLICYHOLDER

Is company? No PAN JUI CHU Name Of Registered Owner S2201484F NRIC No PJUICHU@YAHOO.COM.SG **Email Address** (Phone) +65-96482936 Mobile Phone No (Home) +65-96482936 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Corolla Model Variant

Exact purpose for which vehicle was being used at time of

Private hire accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire

Vehicle Category Auto Transmission 1598 CC

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy

5120752119 Policy Number Cover Note Number

DRIVER

DONNY LIEW YU QUAN Name of Driver S1819509G NRIC No

Date Of Birth 27/01/1967 Occupation Outdoor Date Of Driving Pass 16/01/2009 Driving experience 12 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-93884875 Alt. Phone Number Email Address DONNYIEW@YAHOO.COM Address BLK 439B SENGKANG WEST AVE #20-317 Address complement 792439 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 PAN JUI CHU Name Female Gender 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 REFER TO ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** XE3791U Vehicle Registration Number Vehicle Manufacturer

Commercial vehicle

Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DONNY LIEW YU QUA
Gender	Male
Phone No	-
Address	<u>.</u>
Address Complement	-
Post Code	•
Approximate Age Years Old	-
Injuries Sustained	• Unit yet on epith
Injured person in which vehicle?	SMC3630S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

INJUNED 2	
Name of injured person Gender	PAN JUI CHU Female
Phone No	-
Address	-
Address Complement	-
Post Code	•
Approximate Age Years Old	-
Injuries Sustained	
Injured person in which vehicle?	SMC3630S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.
- 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.
- 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:
- (ii) 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 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.

Policyholder's Signature / Date &

(If driver is not the policyholder) / Date Driver's Sign & Time

sed by Reporting Centre

Sketch Plan

SMC 36308. XE 37914 "

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Declaration

VWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre