Report Format:

Lump Sum / LBJ: Ca

REF:	
ASS, P.E.C. BY:	CALATERIE
ASSI	GNMENT
From: Date:	Veh No: SMC3630S, Yr Regn: 2018/ June
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: Tayola Attis- c.c 1598
at Workshop m/s	Colour Silves A/C: Insured / Std / NI / NA
of some of author consumptional particles and the state of	Sp.Reading 72(06 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: MROS3REH 604584761
	Gen. Cond. Good / Fair / Poor / Burnt
Claims NoExcess:	Steering Inorder / Jammed / Leaked / Burnt or
	Brake: (Inorder/ Jammed / Leaked / Burnt or
(Client's Record)  Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
Micho of Von.	Tyre Size: F: 2/5/45 R17
(Dellaw Condition)	R: 215/45R7.
(Policy Condition)  Remark: The veh had commenced its  N/S  O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIO / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or
II you have well and manager than	Front Rear
Bal, or Market Value:  Consistent?: Yes or No	R/Bal. 06 mm R/Bal. 06 mm
IDAC Accident report.	L/Bal. 06 mm L/Bal. 06 mm
Deat Veg or No	D.O.A. D.O.I. 29 09/21.
2 Val. Vac or No.	Survey held at Twin Gr.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT  Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction	-
of China.	ichni@klasto.ch/i> wires
MV:	
PV :	Commenter and an areastic, there were no repairs to my car
Nett:	The above and are last and along the same and a second and a second as
Section 1997 Annual Control of the Section 1997 Ann	78 18 300 F38 G193
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fed	
eachina (Liot Auto)	: Interview (\$ ) Photos
Penert Fermat :	: Tech. Invs (3 ) Others

Westend (S

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 "

scribe	Circu	mstand	ces of	the	Accid	lent	-	1 /	D 11	50	1 40	,		da		the a	Zut.	A. W.	e he
-	- /0	0	1	21	40	,	1	1.	010	1	0	1	ween	1.6.	-		4.4	41	a a
SWC	3630	05)	alo	ng	IFE	,	TOWN	YOU	346	0	yore	101	7	gariana 11		1.1	00	110	-
SMC 2nd was behind	Very	from	wy	e'	stah	it.	-	· S	udde	vin	7	a lowly	trus	ck	CXI	= 3+	7911	u) -	from
4.4.1	che	bede d	ahta		the	-	rede	Don	tron	1.	of	Any	vehe	cle				,	
penina	204	1000	of 1		,			1	7		,	1							
				_	-														
											_		_		_				-
					_		_												
					_								_	_			_		
																	_		
					_					_				-			_		
																		_	-
-				_	_				-										
					_										_				_
																		_	
							_												
					_					_					_				_
															-				
													_						

## 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