AS: AS:	Veh No: GBL 3303U Yr Regn: 2021 / Muy Type: M.Car / M.Cycle / Bus (Van) / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Nissan NV200 c.c 1597	
rom: Date:	Veh No: GBL 3303U Yr Regn: 2021 / May Type: M.Car / M.Cycle / Bus Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Nissan NV200 c.c 1597	
stimated Cost:	Type: M.Car / M.Cycle / Bus (Van) / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Nissan NV200 c.c /597	
SECRETARIES AND ADMINISTRATION OF THE SECRETARIES AND ADMINISTRATION O	Truck / Trailer or Make: Nissan NV200 c.c 1597	
DITPIWSTIPRESTOD RESTEVATINATIMA	Make: Nissan NV200 c.c 1597	
TATALLIA NI		
o Inspect Vehicle No:	Colour A/C: Insured / Std / NI / NA	
t Workshop m/s	with the second	
f	Sp.Reading 1(227 T/Radio: Insured / Std / NI / NA	
nsured:	Eng/No:	
olicy No.	C/No: VM20(62093 *	
laims No.	Gen. Cond: Good Fair / Poor / Burnt	
um Insured: Excess:	Steering Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder/ Jammed / Leaked / Burnt or	
lake of Veh:	Modi: Nil / S/Rim / STD A/Rim or	
	Tyre Size: F: (65/80 R17	
(Policy Condition)	R: 165/80R1X	
repair at the time of inspection.	- DOY BOTT EXTOVATION OF THE O	
repair at the time of inspection.	TOYO / YOKO or	
al. or Market Value:	Front Rear	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm	
Consistent?: Yes or No		
st. Repairs:days Res.: Yes or No	21	
um Sum: % 3 Val.: Yes or No	'Survey held at Ry des.	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
Vehicle: IN / OU Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time Action / Instruction	The Ord / Chassis hame / Body Structure anected due to compon.	
78 1st Cap.	CART HAIR CHORD CHAN	
	and the second s	
mv :		
PV:		
Nett:		
	Contract No. 5-Fred S	

: Final Report Resurvey No. of Trip: Survey Fee: Transportation: Date/Time, File Return to? Add Fee: Site Insp (\$ __8 + RS.__SI Interview (\$ Photos Tech Invs (\$ Report Formet: Others Lump Sum / L.P.J.: (3 Western 18

Accident Reporting Draft

VEHICLE NO: GBL3303U

MODEL: NISSAN NV200



DATE OF ACCIDENT	26/10/2021 C.C: 1,597		
TIME OF ACCIDENT	1050 HRS AMYPM		
LOCATION OF ACCIDENT	WESTCOAST HIGHWAY SLIPROAD ENTERING JALAN BUROH (PIONEER ROAD)		
EXACT PURPOSE USE DURING ACCIDENT	(EMPLOYMENT) PRIVATE USE/ PRIVATE HIRE		
	Han to a march school and the special control of the special specia		
NAME OF OWNER	JOHN HOLLAND ELECTRICAL & SERVICE PTE LTD		
CONTACT NO.	97341350 EMAIL: SHUYING.POH@JHOLLAND.COM.SC		
NRIC	199700464G		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P		
INSURANCE CO.	NTUC		
TYPE OF COVERAGE	COMPREHENSIVEY THIRD PARTY FIRE & THEFT		
POLICY NO.			
THE CONTRACTOR OF THE SAME AND A SAME AS A SAME A SAME AS A SAME	THE RESIDENCE OF THE PROPERTY OF S. A. L.		
NAME OF DRIVER	AS ABOVE / IF NO: TAJUDDIN WASIUDDIN		
NRIC	034522987 ANY PASSENGER: 0		
DATE OF BIRTH	14/10/1984		
OCCUPATION	(OUTDOOR INDOOR		
DATE OF DRIVING PASS	03/12/2019		
GENDER	MALEY FEMALE		
CONTACT NO.	97341350 EMAIL: SHUYING.POH@JHOLLAND.COM.S		
ADDRESS	1 Ang Mo Kio Industrial Park 2A, #07-06 AMK Tech I, Singapore 568049		
DOES DRIVER OWN OTHER VEHICLES	NOV IF YES: REG NO.		
RELATIONSHIP	CEMPLOYED/ IF NO:		
WEATHER CONDITION	CLEAR Y RAINY/ OTHER:		
ROAD SURFACE	DRY/WET/OTHER:		
ANY INJURIES	NO/IFIXES, TAJUDDIN WASJUDDIN		
CONTACT NO.	The state of the s		
POLICE REPORT	NO/ IF YES: NOTICE OF INTENDED PROSECUTION GIVEN		
VIDEO RECORDING	NO / (YES) NO/IF YES: WHO?		
AUDIO RECOPDING	NO YES SCENE PHOTO(S) NO (YES)		
VEHICLE B NO.	XD2787U ANY PASSENGER:		
NAME	TO VERVENIENSANZANIEN		
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	A SECTION OF THE PROPERTY OF T		
MOBILE NO.	Rudel Auto Pte Ltd		
CONTACT PERSON			
FAX NO. C80 C	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921		
HAVE YOU BEEN APPROACHED BY			
UNKNOWN PERSON SOLICITING(S)/	DAGLETE Email: ryderautoworkshop@grail.com 370H3A		
OFFERING ACCIDENT CLAIMS	Tel: 67418277		
ASSISTANCE? (NO) YES	Landay Haaraay		

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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)

Lunderstand, 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, 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")

Policyholder's Signature / Date &

- (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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sur



Sus

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

Witnessed by Reporting Centre Personnel

Sketch Plan

WEST COAST HIGHWAY SLIPROAD ENTERING JALAN BUROH (PIONEER ROAD)

A: GBL3303U

8: XD27874

I WAS TRAVELLING ALONG WESTCOAST HIGHWAY SLIPRO	AD ENTERING JAI AN
BURGH (PIONEER ROAD), MOMENTS LATER, WHILE MY VEH	HICLE WAS MOVING IN MY
OWN LANE, VEHICLE B SUDDENLY CUT INTO MY LANE AND	CRASH INTO THE RIGHT
REAR SIDE OF MY VEHICLE.	
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	THE TAXABLE PROPERTY OF THE PR
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Declaration	
We declare the foregoing particulars are true in every respect.	
	ourteen (14) days clause whereby the clair
f you wish to claim the country own policy, please be advised that your insurer may have a formust be made with the country of timeframe from the day of occurrence there.	our insurer for more details.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the bottle holder) / Date & Time

Witnessed by Reporting Centre Personnel