

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 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 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 12/08/2021 14:45 (SGT)
Date of Accident 11/08/2021 14:40 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information AYE TOWARDS CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE6506T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CROWN LAUNDRY LLP
Company Reg No T07LL0967G
Email Address
Mobile Phone No (Phone)
Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5083310351-05
Cover Note Number -

DRIVER

Name of Driver FOONG CHEE LEONG
NRIC No

Date Of Birth	[REDACTED]
Occupation	Outdoor
Date Of Driving Pass	19/11/1985
Driving experience	35 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SOLE PROPRIETOR
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN

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	GBD8184E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIN YEW WEN
NRIC No	[REDACTED]
Contact Number	(Phone) [REDACTED]
Address	-

Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM2231B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver TAN
 NRIC No [REDACTED]
 Contact Number (Phone) [REDACTED]
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLL3525C
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver MS WANG
 Contact Number (Phone) [REDACTED]
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKX5346M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver GINNY
 Contact Number (Phone) [REDACTED]
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	GBB4833C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAJENDRA
Contact Number	(Phone) [REDACTED]
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG
 AYE TOWARDS CITY
 VEHICLE B JAMMED BRAKE,
 I MANAGE TO BRAKE IN
 TIME BUT VEHICLE C
 BEHIND ME HIT MY
 REAR PORTION CAUSING
 MY VEHICLE TO PUSH
 FORWARD & COLLIDE
 WITH VEHICLE B IN FRONT
 OF ME. UPON CHECKING,
 IT WAS A CHAIN
 COLLISION OF 6 VEHICLES



Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
 Time

Handwritten signature

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



Witnessed by Reporting Centre
 Personnel

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**
I 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, 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 & Time

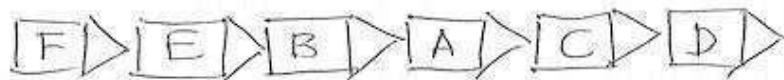
[Handwritten Signature]

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A = GBE 6506T
 B' = GBD 8184E
 C = SLM 2231B
 D = SLL 3525C
 E = SKX 5346M
 F = GBB 4833C















偉利摩哆公司
WILLY MOTOR COMPANY

27-A Jurong Port Road #01-32 Singapore 619101

Tel: 6261 7873, 6268 0977 Fax: 6265 1726

Branch 3 Pioneer Road North #01-17 Singapore 628457

Tel: 6264 1596, 6261 1238

Business Reg. No: 225146/00B GST Reg. No: M8-8003347-6

22 October 2021

CROWN LAUNDRY LLP

C/O 27A Jurong Port #01-32

Singapore 619101

FINAL REPAIR BILL FOR VEHICLE NO. GBE 6506 T

Total Repair cost	\$22,450.00
Add 7% GST	\$ 1,571.50
Total:	<u>\$24,021.50</u>

PRECISION APPRAISAL SERVICES



Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers

227 Simei St 4 #06-42 Singapore 520227 Fax: 6444 4886 Company Registration No. 53139926E

To:
CROWN LAUNDRY LLP
C/O 1 27A Jurong Port Road #01-32
Singapore 619101

Invoice No.: 211075

DATE : 22 October 2021

<u>DESCRIPTION</u>		AMOUNT
Vehicle Registration No. : GBE 6506 T		\$1706.00
Type of Claims : Third Party Claims		
Our Reference No. : PAS/WM/211075/TP		
Your Reference No. : -		
Inspection Report Fees : (including transportation charges & photographs)		
Reinspection Report Fees : -		
Transportation Charges : -		
Additional Photographs : -		
Others (Specify) : -		
DOLLARS ONE THOUSAND SEVEN HUNDRED & SIX ONLY TOTAL:		\$1706.00



PRECISION APPRAISAL SERVICES

PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/ Adjusters Cargo Surveyors & Licensed Appraisers
227 Simei St 4 #06-42 Singapore 520227 Fax: 64444886 Company Registration No. 53139926E



AUTOMOBILE INSPECTION REPORT

To:

CROWN LAUNDRY LLP

C/O 1 27A Jurong Port Road #01-32

Singapore 619101

INSURANCE DETAILS

Insured : -
Policy No. / Claim No. : -
Sum Insured : -
Excess Clause : -
Windscreen Coverage : -
Type of Claims : Third Party Claims
Third Party Insurer : -
Third Party Policy No. : -

REFERENCE

Assigned By : As above
Accident Date : 11 August 2021
Assignment Date : 12 August 2021
Inspection Date : 12 August 2021
Our Reference No. : PAS/WM/211075/TP

Inspection Report Date : 22 October 2021

Workshop Name :

WILLY MOTOR COMPANY

Inspection Address :

27A Jurong Port Road #01-32

Singapore 619101

PARTICULARS OF VEHICLE

Registration No.	: GBE 6506 T	Mileage	: 166987	Km/h
Make/Model	: TOYOTA HIACE 3.0DX M	Radio/Cassette	: Fitted	
Yr of Manuf/Regn	: 2015 / 6 Feb 2016	CD Disc Player	: Fitted	
Carrying Capacity	: -	Air Conditioner	: Fitted	
Chassis No.	: KDH2010184423	Clock	: Fitted	
Engine No.	: 1KD2561149	Seat Belt	: Fitted	
Colour	: Metallic Silver	Wing Mirror	: Fitted	
Class	: Goods (Lorry)	Other Accessories	: Fitted	

PRE-ACCIDENT CONDITION (Static Check Only)

Body Work : Good
Paint Work : Good
Handbrake : Serviceable
Footbrake : Serviceable
Steering : Serviceable
Any Apparent : None
Eng Modifications : None

VEHICLE VALUE

Market Value : -
Wreck Value (Parf) : -

TYRE SIZE & CONDITION

Front N/s Size : 185/85R15 80 %
Make : DUNLOP
Rear N/s size : 185/85R15 80 % 80
Make : DOUBLE STAR
Spare Size : 185/85R15 80 %
Make : DUNLOP

Front O/s Size : 185/85R15 80 %
Make : DUNLOP
Rear O/sSize : 185/85R15 80 % 80
Make : DOUBLE STAR
Spare Size : 185/85R15
Make : DUNLOP
Jack & Tools : Intact

Type of Wheel Rims: Standard

Note: The above percentage % represent the estimated remaining tyre threads.

PRECISION APPRAISAL SERVICES

Insurance Loss Assessors/Adjusters Cargo Surveyors & Licensed Appraisers



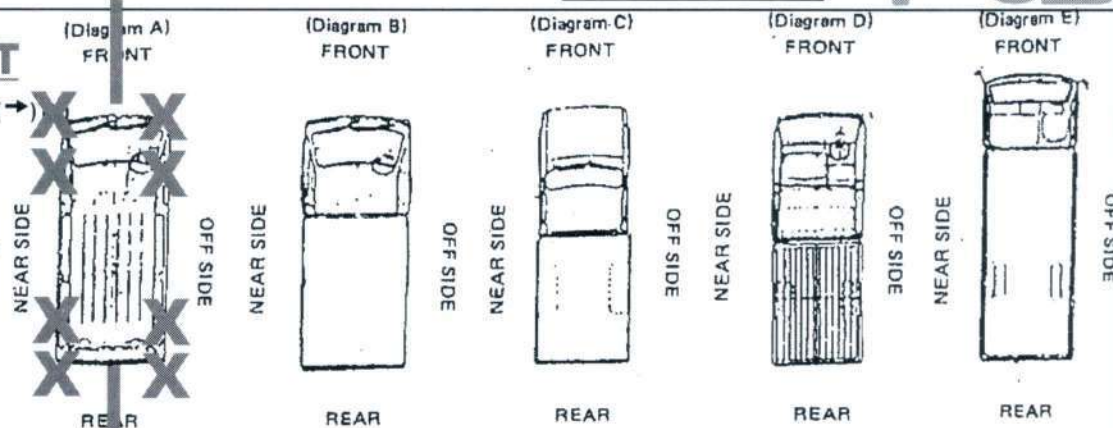
VEHICLE REGISTRATION NO. : GBE 6506 T

APPENDIX A

POINT OF IMPACT

Direction of impact/damage marked (→)

The vehicle sustained impact on its Front & Rear Portion (See Diagram A)



GENERAL DESCRIPTION OF DAMAGES

Parts damaged were : **The front bumper and grille, bonnet, front n/s door and pillar, front n/s corner panel and windscreen panel, bootlid, rear bumper and panel, rear floor panel, both rear fenders and chassis, both front chassis were dented.**

ADJUSTMENTS & RECOMMENDATIONS

A static inspection was carried out on 12/08/2021 & our report is here with enclosed for your perusal. The Repairs Estimate submitted by M/s WILLY MOTOR COMPANY as per attached Appraisement Schedule have been revised and scrutinised thoroughly by us & in our opinion, we consider it to be fair and reasonable. The repairer has agreed to effect repairs to the owners satisfaction & to roadworthy condition on an agreed Lump Sum Repair Basis of **\$ 22,450.00** after deducting the Policy Excess Clause of **\$ NA**. As instructed, we have not authorised any of the repairs on your behalf.

	Repairer's		Our	
	Estimate	Amount	Revised	Amount
Spares Parts	33756	40	21790	62
Towing Charges	X	X	X	X
PB Labour Charges	2800	00	2400	00
Others Misc Charges	1470	00	1080	00
Paintwork	3200	00	2800	00
Total	\$ 41226	40	\$ 28070	62

Under normal circumstances, the duration of repairs should not exceed Twenty - Six (26) days including Pre-Repair Inspection (PRI) / Pre-Repair Survey (PRS) waiting time frame & Public Holidays.

Attached photographs taken during inspection Two Hundred & Twenty - Six (26) Photographs

SPECIAL REMARKS

1. The inspection was conducted on a 'without prejudice' basis
2. On 17/08/2021, we examined the extent of damages.
3. On 26/08/2021, we examined the replacement parts.
4. On 06/09/2021, we examined the repaired vehicle.

Yours FaithFully



T F NG PHILIP FOO
AC II CAE, AMIMI
AIAME, AMSAE-A
Licensed Appraiser/Adjuster

Inspection Report Date: 22 October 2021

VEHICLE REGN NO : GBE 6506 T
 OUR REFERENCE : PAS/WM/211075/TP
 INSPECTION REPORT DATE : 22-Oct-21

APPRAISEMENT SCHEDULE

CONTINUATION SHEET NO : 1

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount	Recommendation / Revised Amount
PARTS SUPPLY LIST ITEMS					
1	1pc	Bonnet	Defaced	\$ 844.50cts	\$ 844.50cts
2	1pc	Bonnet centre logo	Necessary	121.10	121.10
3	1pc	Bonnet front mldg end cover	Bent	14.90	14.90
4	1pc	Bonnet centre logo	Necessary	79.90	79.90
5	2pcs	Bonnet hinges@\$123	N/s Bent	246.00	123.00
6	8pcs	Bonnet hinges bolts@\$6	Necessary	48.00	48.00
7	1pc	Front grille	Cracked	428.00	428.00
8	7pcs	Front upper radiator support nut@\$5	Necessary	35.00	35.00
9	1pc	Front upper radiator support	Badly Dented	723.00	723.00
10	1pc	Front grille logo	Necessary	55.00	55.00
11	6pcs	Front grille clips@\$5	Necessary	30.00	30.00
12	1pc	Bonnet lock	Bent	135.00	135.00
13	1pc	Bonnet lock bracket	Bent	138.00	138.00
14	3pcs	Bonnet lock bolt@\$5	Necessary	15.00	15.00
15	1pc	O/s Headlamp	Broken	781.90	781.90
16	3pcs	O/s Headlamp clip@\$5	Missing	15.00	15.00
17	1pc	N/s Headlamp	Broken	781.90	781.90
18	3pcs	N/s Headlamp clip@\$5	Missing	15.00	15.00
19	1pc	N/s Headlamp bracket(yellow)	Broken	61.10	61.10
20	1pc	Front n/s clearance lamp socket	Broken	63.90	63.90
21	1pc	Front n/s clearance lamp bulb	Broken	51.10	51.10
22	1pc	Front n/s door	Badly Dented	1212.50	1212.50
23	1pc	Front n/s door top hinge	Bent	181.55	181.55
24	1pc	Front n/s door lower hinge	Bent	181.55	181.55
25	1pc	Front n/s door centre check	Bent	271.75	271.75
26	1pc	Front n/s door inner lock	Bent/Jammed	371.75	371.75
27	1pc	Front n/s door pillar	Badly Dented	781.90	Repair
28	1pc	Front n/s door inner lock	Bent/Jammed	571.75	571.75
29	1pc	Front n/s corner panel	Crumpled/Deformed	371.25	371.25
30	1pc	Front bumper	Badly Dented/Torn	581.90	581.90
31	8pcs	Front bumper clips@\$8	Necessary	64.00	64.00
32	1pc	Front bumper side retainer n/s	Bent	166.75	166.75
33	1pc	Front o/s extension crossmember	Badly Dented	271.75	271.75
34	1pc	Front bumper centre reinforcement	Dented	357.10	Repair
35	1pc	Front bumper lower reinforcement	Badly Dented	381.90	381.90
36	1pc	Front bumper lower reinforcement side support o/s	Badly Dented	182.25	182.25
37	1pc	Front centre grille	Broken	571.75	571.75
38	1pc	Air cleaner assy	Dented	972.75	972.75
39	1pc	Air cleaner air duct, outer	Dented	271.75	271.75
40	1pc	Air cleaner air duct, inner	Dented	274.45	274.45
41	1pc	Front wiper panel outer garnish	Necessary	482.75	482.75
42	1pc	Front windscreen weatherstrip	Necessary	271.75	271.75
43	1pc	Front windscreen	Cracked	1714.45	1714.45
44	1pc	Front n/s view stay and mirror	Broken	665.30	665.30
45	1pc	Front panel cowl side n/s	Badly Dented/Deformed	245.70	245.70
46	1pc	Bootlid	Badly dented	1950.90	1950.90
47	1pc	Boot rubber	Torn	391.20	391.20
48	1pc	Bootlid upper lock	Bent	329.40	329.40
49	1pc	Bootlid centre logo	Necessary	75.40	75.40
50	1pc	Bootlid 'Hiace' sticker	Necessary	55.10	55.10
51	1set	Bootlid 'Toyota' sticker	Necessary	52.40	52.40
52	1pc	Bootlid catch o/s	Bent	32.90	32.90
53	1pc	Bootlid catch n/s	Bent	32.90	32.90
54	1pc	Bootlid catch n/s	Bent	85.00	85.00
55	1pc	Bootlid catch o/s	Bent	85.00	85.00
56	1pc	Bootlid centre handle	Dented	277.80	277.80
57	1pc	Bootlid upper lock cable	Jammed	120.00	120.00
58	1pc	Bootlid upper hinges n/s	Bent	80.00	80.00
59	1pc	Bootlid upper hinges o/s	Bent	80.00	80.00
60	6pcs	Bootlid hinges bolts@\$5	Necessary	30.00	30.00
61	8pcs	Bootlid shock absorber nut@\$5	Necessary	40.00	40.00
62	1pc	Bootlid shock absorber n/s	Bent	298.90	298.90
62	1pc	Bootlid shock absorber o/s	Bent	298.90	298.90
63	1pc	Bootlid rear no. plate lamp	Cracked	96.00	96.00
64	1pc	Bootlid trimboard w clips	Bent/Warped	228.25	228.25
SUB / GRAND TOTAL				228.25	228.25

20743.65 19481.65
 PRECISION APPRAISAL SERVICES

VEHICLE REGN NO : GBE 6506 T
OUR REFERENCE : PAS/WM/211075/TP

APPRAISEMENT SCHEDULE

INSPECTION REPORT DATE : 22-Oct-21

CONTINUATION SHEET NO : 1

S/No	Qty	Parts / Labour Descriptions	Remarks / Condition	Repairer's Estimate Amount	Recommendation / Revised Amount
			B/F	\$20743.65 cts	\$ 19481.65 cts
65	1pc	Bootlid upper lock cover	Cracked	125.25	125.25
66	2pcs	Rear no. plate lamp@\$42	Cracked	84.00	84.00
67	1pc	Bootlid outer handle	Bent	48.00	48.00
68	1pc	Bootlid 'Hiace' sticker	Necessary	80.00	80.00
69	1pc	Rear windscreen	Broken	1628.55	1628.55
70	1pc	Rear windscreen mldg	Necessary	125.25	125.25
71	4pcs	O/s Taillamp	Broken	389.90	389.90
72	1pc	O/s Taillamp clips@\$5	Necessary	20.00	20.00
73	2pcs	O/s Taillamp lower corner (outer)panel	Badly Dented/Broken	274.40	274.40
74	1pc	O/s Taillamp lower corner (outer)panel clip@\$5	Necessary	10.00	10.00
75	4pcs	N/s Taillamp	Cracked	389.90	389.90
76	1pc	N/s Taillamp clips@\$5	Necessary	20.00	20.00
77	2pcs	N/s Taillamp lower corner (outer)panel	Badly Dented/Broken	274.40	274.40
78	1pc	N/s Taillamp lower corner (outer)panel clip@\$5	Necessary	10.00	10.00
79	1pc	Rear o/s body panel	Badly dented/Crumpled	1946.90	1946.90
80	1pc	Rear o/s fender inner reinforcement	Badly dented/Crumpled	482.70	482.70
81	1pc	Rear o/s taillamp (inner) panel	Badly dented/Crumpled	290.10	290.10
82	1pc	Rear o/s fender lower air vent	Crumpled/Cracked	68.00	68.00
83	1pc	Rear bumper	Badly dented	425.70	425.70
84	1pc	Rear bumper side retainer o/s	Cracked	62.70	62.70
85	1pc	Rear bumper side retainer n/s	Cracked	62.70	62.70
86	1pc	Rear bumper bracket o/s	Bent	92.40	92.40
87	1pc	Rear bumper bracket n/s	Bent	92.40	92.40
88	6pcs	Rear bumper clips@\$6	Necessary	36.00	36.00
89	1pc	Rear inner panel	Badly dented	827.10	827.10
90	1pc	Rear outer panel	Badly dented	729.50	729.50
91	1pc	Spare tyre bracket	Dented/Bent	350.00	350.00
92	1pc	Rear floor panel	Badly Dented/Warped	1550.00	Repair
93	1pc	Rear o/s body panel	Dented	1946.90	Repair
				33186.40	28427.50
		Less: 25% Discount		-	7106.88
				33186.40	21320.62
		<u>SPECIAL NETT ITEMS</u>			
1	1set	Rear windscreen sealant	Necessary	50.00	50.00
2	1set	Rear floor pan sealant	Necessary	50.00	50.00
3	1set	Rear panel sealant	Necessary	50.00	50.00
4	1set	Front windscreen sealant	Necessary	50.00	50.00
5	1set	Rear bumper sensors	Dented/Jammed	350.00	250.00
6	1pc	Bootlid 'Spax' sticker	Necessary	10.00	10.00
7	1pc	Bootlid '70km/h' sticker	Necessary	10.00	10.00
				33756.40	21790.62
		<u>LABOUR & MISC. CHARGES</u>			
1		Remove the necessary affected parts, cut/weld rear o/s fender, o/s taillamp inner inner and outer panel, front panel cowl side panel n/s, rear outer and inner panel, straighten rear n/s fender, both front and chassis, front n/s door pillar, front panel front n/s windscreen panel and replace parts		2800.00	2400.00
2		Remove and refit front n/s door parts		150.00	120.00
3		Remove and refit bootlid components		150.00	120.00
4		Putty and Spraypaint on all affected parts		3200.00	2800.00
5		Repair Wiring and Rewire front n/s lower portion		200.00	150.00
6		Rewire front portion and refocus both both headlamp beams		100.00	60.00
7		Remove and refit rear bumper sensors		100.00	60.00
8		Rewire rear portion		50.00	30.00
9		Remove and refit bonnet components		100.00	80.00
10		Remove and refit front windscreen		150.00	120.00
11		Remove and refit rear windscreen		150.00	120.00
12		Remove and refit rear floor interior trims, both side garnishes and wiring to facilitate repair		300.00	200.00
13		Vacuum both front and rear windscreen broken glasses		20.00	20.00
		Note: Recommended lump sum repair at \$22,450.00nett			
		SUB / GRAND TOTAL		41226.40	28070.62

PRECISION APPRAISAL SERVICES



Precision Appraisal Services





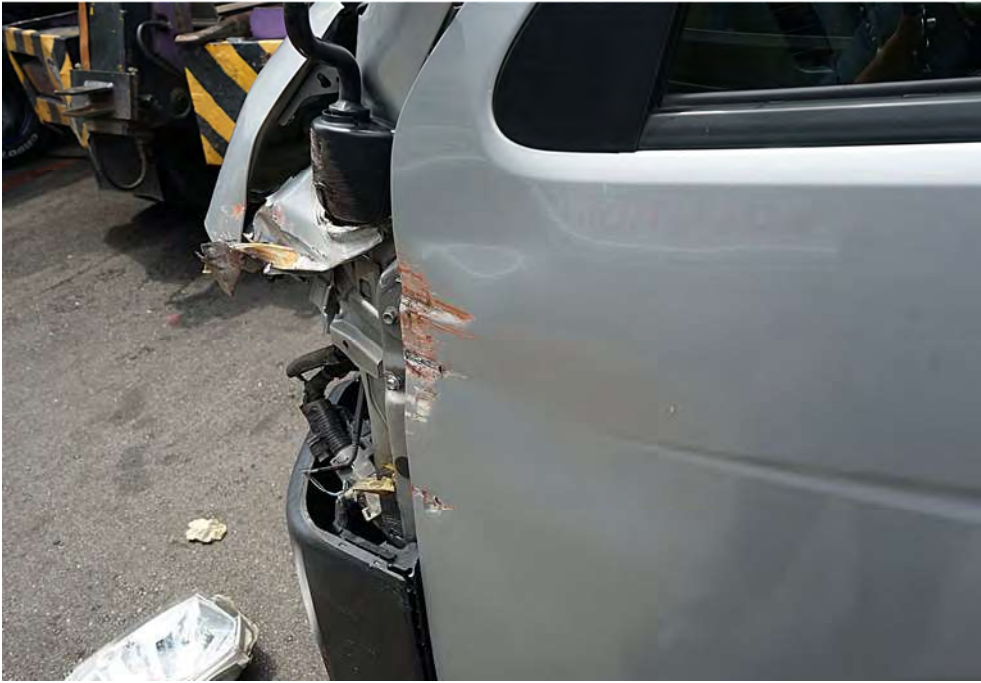
Precision Appraisal Services



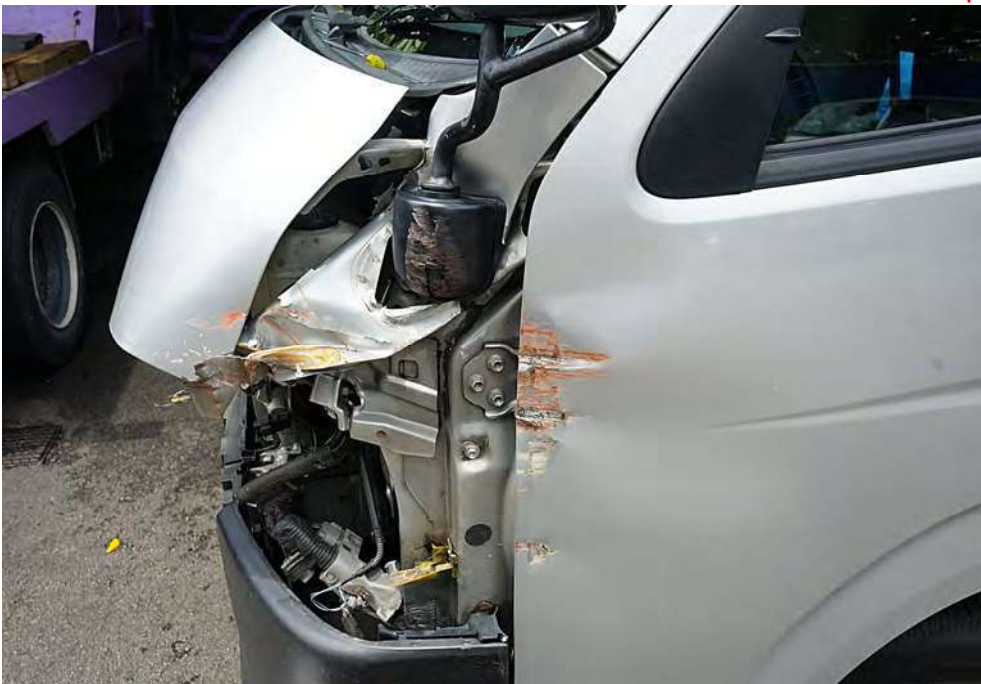


Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





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Precision Appraisal Services





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Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services



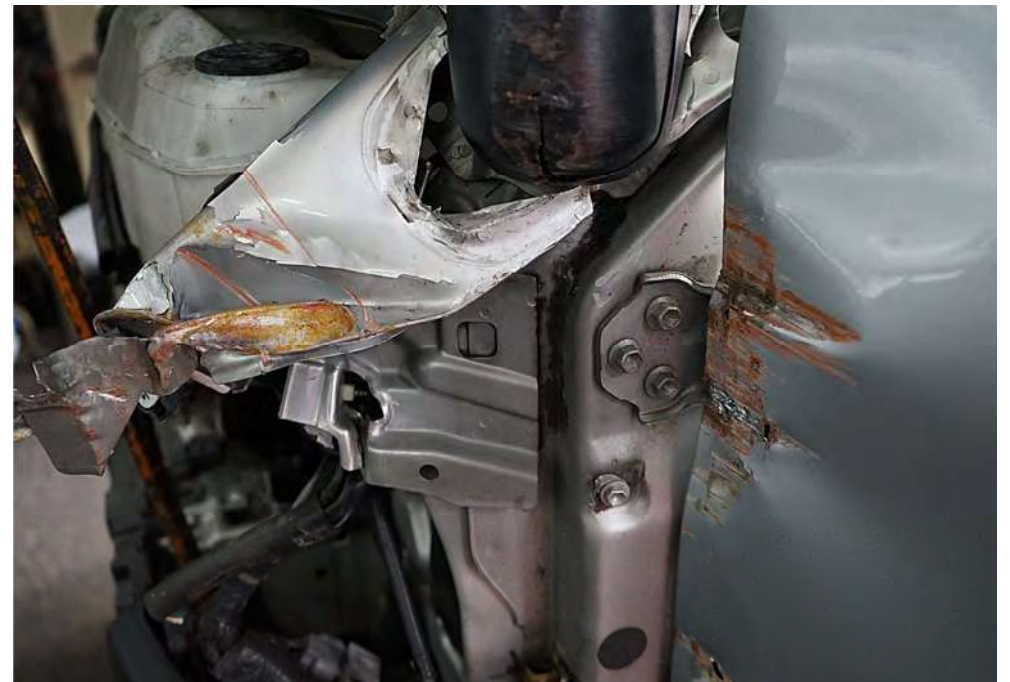


Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





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Precision Appraisal Services





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Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services



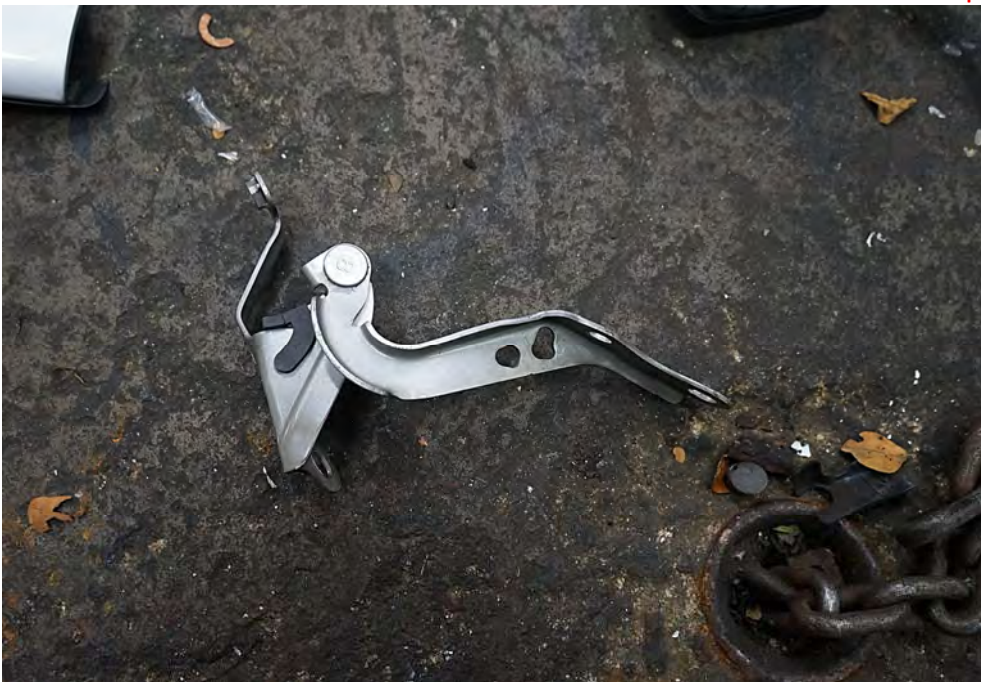


Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services



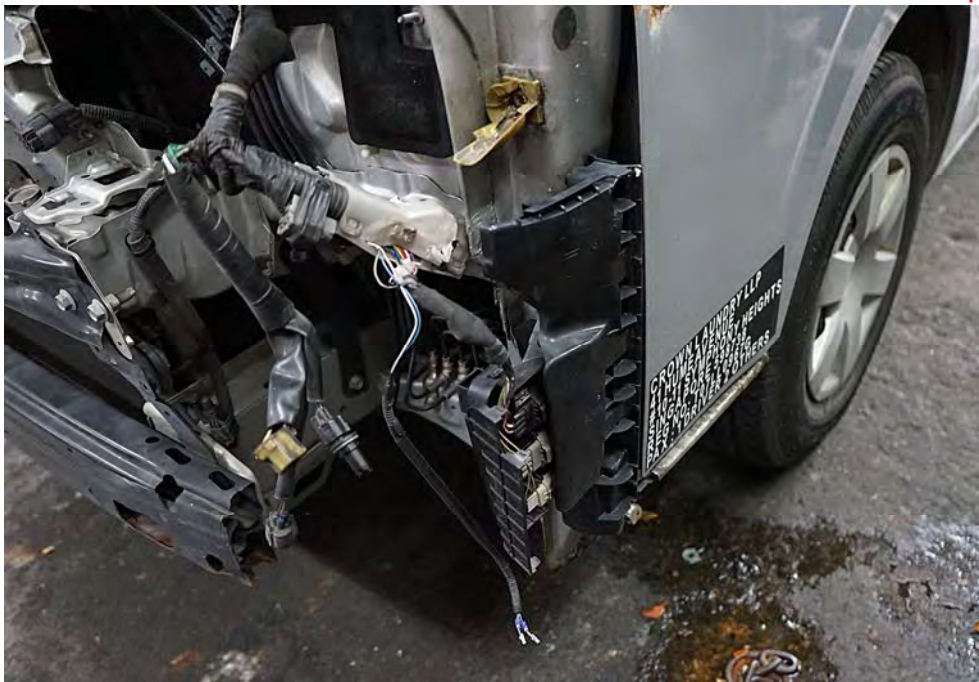


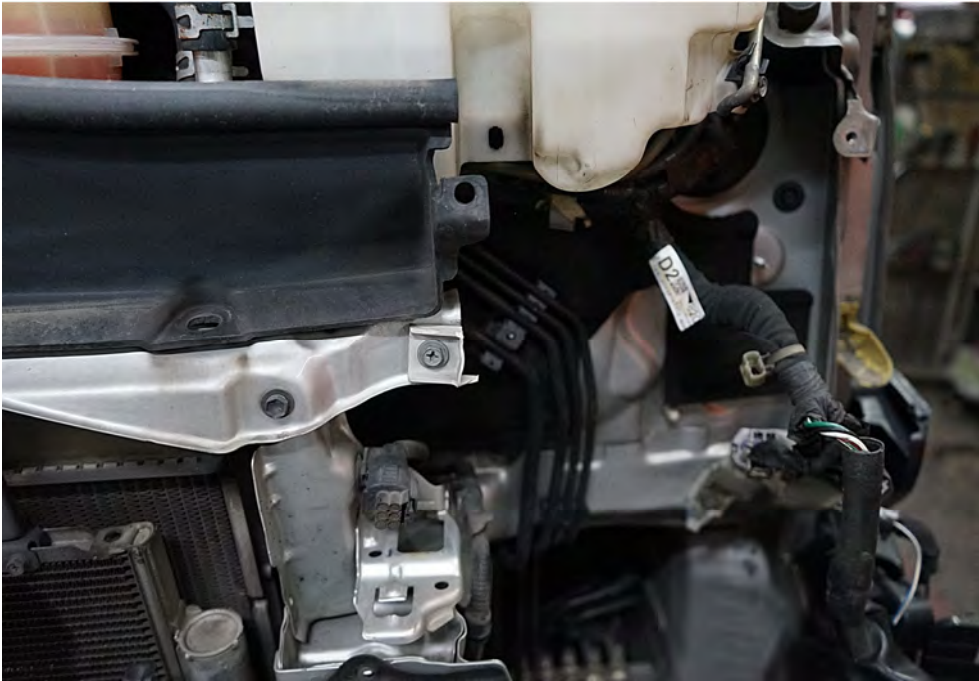
Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services





Precision Appraisal Services



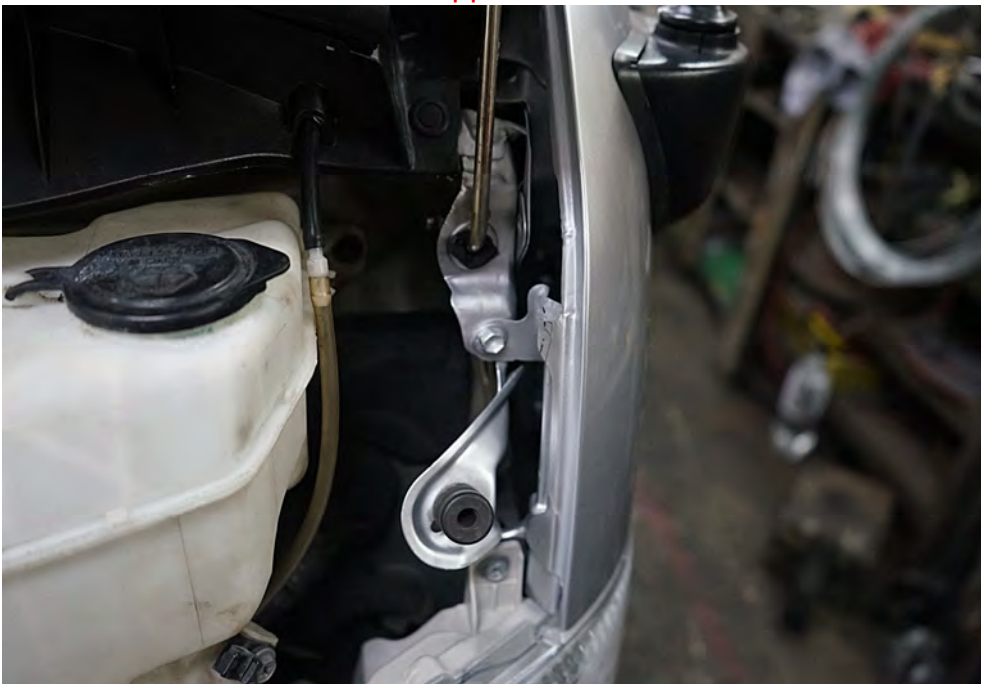


Precision Appraisal Services





Precision Appraisal Services



Your Ref : GBD 8184E
Our Ref : **GBE 6506T/WM/hc/cl**
Date : 13 August 2021

Fax : 6538 3708
Tel : **3152 0995**
Email : accident@kscgp.com

LONPAC INSURANCE BHD

BY EMAIL ONLY

DATE OF ACCIDENT: 11 AUGUST 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of GBE 6506T to notify you of a road traffic accident on 11 August 2021 at about 2.40 p.m. along Ayer Rajah Expressway (“AYE”), involving our client’s vehicle registration number GBE 6506T, vehicle registration number SLM 2231B, vehicle registration number SLL 3525C, vehicle registration number SKX 5346M, vehicle registration number GBB 4833C and vehicle registration number **GBD 8184E** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client’s vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client’s claim for property-related damages only and shall not preclude client’s driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

f CL

Enc.

Your Ref : GBD 8184E

Our Ref : **GBE 6506T/WM/hc/cl**

Date : 13 August 2021

Fax : **6538 3708**

Tel : **3152 0995**

Email : **accident@kscgp.com**

LONPAC INSURANCE BHD

BY EMAIL ONLY

DATE OF ACCIDENT: 11 AUGUST 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/N	Name of Surveyor	Company Name
1.	Foo Philip	Precision Appraisal Services
2.	Ronald Ng	Precision Appraisal Services
3.	Lee Kok Weng	Lee Automobile Appraisals Services
4.	Leslie Lim	Premier Appraisal Services
5.	Ng Kong Beng, Patrick	Carlink Consultancy
6.	Andrew How	Prominent Appraiser Services Pte Ltd
7.	Gan Song Sing, Roger	ROG Associates
8.	Dennis Yap	Pal's Appraiser Pte Ltd
9.	Michael Yap	Mc-Coy Appraiser Pte Ltd
10.	Nicky Seah	Absolute Appraisal Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Willy Motor Company
27A Jurong Port Road
#01-32

Contact Person/Tel : Ms Khoo / Tel: 9276 7180

Yours faithfully,

f CL

Your Ref : GBD 8184E

Our Ref : GBE 6506T/WM/hc/cl

Date : 13 August 2021

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of _____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

Your Ref : SKX 5346M
Our Ref : **GBE 6506T/WM/hc/cl**
Date : 13 August 2021

Fax : 6538 3708
Tel : **3152 0995**
Email : accident@kscgp.com

AVIVA LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 11 AUGUST 2021

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Yours faithfully,

f CL

Enc.

Your Ref : SKX 5346M

Our Ref : **GBE 6506T/WM/hc/cl**

Date : 13 August 2021

Fax : **6538 3708**

Tel : **3152 0995**

Email : **accident@kscgp.com**

AVIVA LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 11 AUGUST 2021

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4.	Leslie Lim	Premier Appraisal Services
5.	Ng Kong Beng, Patrick	Carlink Consultancy
6.	Andrew How	Prominent Appraiser Services Pte Ltd
7.	Gan Song Sing, Roger	ROG Associates
8.	Dennis Yap	Pal's Appraiser Pte Ltd
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#01-32

Contact Person/Tel : Ms Khoo / Tel: 9276 7180

Yours faithfully,

f CL

Your Ref : SKX 5346M

Our Ref : GBE 6506T/WM/hc/cl

Date : 13 August 2021

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of
_____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

Your Ref : GBB 4833C
Our Ref : **GBE 6506T/WM/hc/cl**
Date : 13 August 2021

Fax : 6538 3708
Tel : **3152 0995**
Email : accident@kscgp.com

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 11 AUGUST 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

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Yours faithfully,

f CL

Enc.

Your Ref : SKX 5346M

Our Ref : **GBE 6506T/WM/hc/cl**

Date : 13 August 2021

Fax : **6538 3708**

Tel : **3152 0995**

Email : **accident@kscgp.com**

AVIVA LTD

BY EMAIL ONLY

DATE OF ACCIDENT: 11 AUGUST 2021

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

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4.	Leslie Lim	Premier Appraisal Services
5.	Ng Kong Beng, Patrick	Carlink Consultancy
6.	Andrew How	Prominent Appraiser Services Pte Ltd
7.	Gan Song Sing, Roger	ROG Associates
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9.	Michael Yap	Mc-Coy Appraiser Pte Ltd
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Address : Willy Motor Company
27A Jurong Port Road
#01-32

Contact Person/Tel : Ms Khoo / Tel: 9276 7180

Yours faithfully,

f CL

Your Ref : SKX 5346M

Our Ref : GBE 6506T/WM/hc/cl

Date : 13 August 2021

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of _____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 13/08/2021

Your Ref No: GBE6506T/WM/hc/cl

Dear Sir/Madam,

Date of Accident: 11/08/2021 00:00 (SGT)

Vehicle No: GBE6506T

Place of Accident: AYE, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBD8184E	AYE, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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 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 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 12/08/2021 12:44 (SGT)
Date of Accident 11/08/2021 14:40 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TWDS CITY BEFORE ALEXANDRA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD8184E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GLS SHIPPING (S) PTE LTD

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
Variant -
Vehicle Category Commercial vehicle
Transmission Auto
CC 2998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z21VC05007524
Cover Note Number -

DRIVER

Name of Driver CHIN YEW WEN
NRIC No S1737239D
Address BLK 497B TAMPINES ST 45 #07-30
Address complement -
Postcode 521497
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
Weather Conditions Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1

CIRCUMSTANCES OF ACCIDENT

ON 11/08/2021 AT ABOUT 1440HRS, I WAS TRAVELLING ALONG AYE TOWARDS CITY BEFORE ALEXANDRA ON LANE 2. TRAFFIC WAS SLOW, MY FRONT VEHICLE SLOW DOWN AS I SLOWED DOWN TOO. SPLIT SECONDS LATER, I FELT A HUGE IMPACT FROM THE REAR AND PUSHES MY VEHICLE TO HIT ONTO THE FRONT VEHICLE. I CAME OUT FROM VEHICLE AND I NOTICED I WAS INVOLVED IN A 6 CARS COLLISION.

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 SKX5346M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE6506T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLM2231B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLL3525C
Vehicle Manufacturer -
Vehicle Model -

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Insurance Company Name	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	GBB4833C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Insurance Company Name	-

IMPORTANT NOTICE

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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 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)
I 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 the (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 insurer's 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, 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 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' lawyers/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.
 - (d) My Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation, and management in present and all future claims.
 - (e) The information so collected under (d) above may be shared/ disclosed.
 - (i) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) For complying with requirements under any regulations, laws, or court orders.



Policyholder's Signature

Date & Time:



Driver's Signature

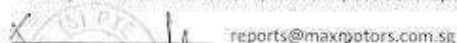
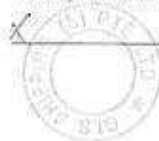
(If driver is not the policyholder) Name:

Date & Time:

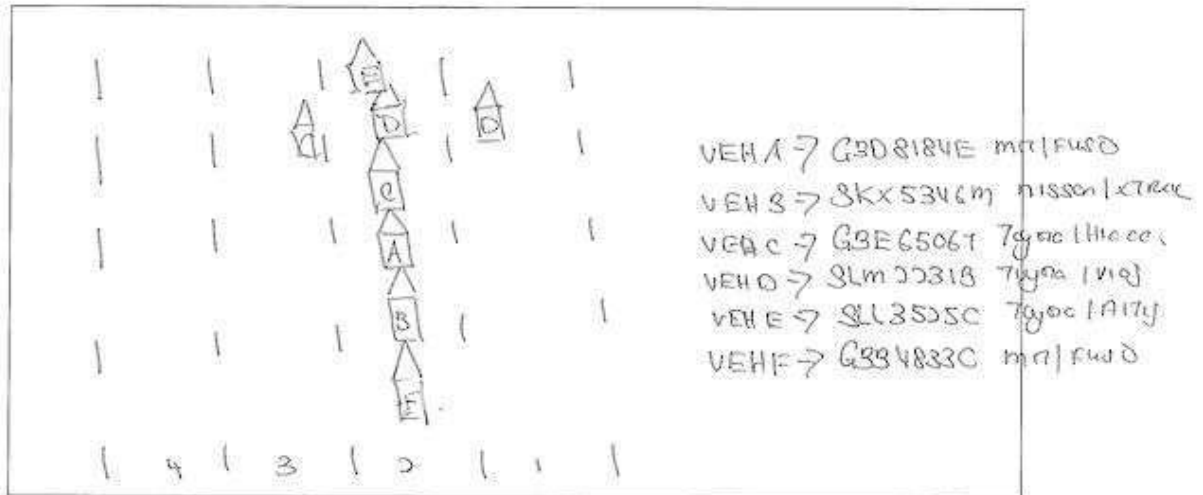
Reporting Centre Personnel's Signature:

NRIC/FIN No:

I hereby authorise SME Motor P/L Send my accident report to:


 reports@maxmotors.com.sg


Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/08/2021 at about 14:00hrs, I was travelling along AYE → only
 before Mercedes on Lane 3. Traffic was slow, my front vehicle slow down
 as I slow down too. spm seconds later I felt a huge impact from
 the rear and push my vehicle to hit onto the front vehicle. I come out
 from vehicle and I noticed I was involved in a 6 cars Chain collision.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time


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

Reporting Centre Personnel's Signature
 Name:
 NRIC / FIN NO:
















LONPAC INSURANCE BHD (593FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-02/07, The Concourse, Singapore 189558.

Tel: (65) 6250 7355 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No: F0-0595635-C

M2300

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).
 ROAD TRANSPORT ACT 1987 (MALAYSIA).
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).
 THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No.: Z21VC05007524

Type of Cover: COMPREHENSIVE

1. Index Mark and Vehicle Registration Number

 MITSUBISHI CANTER FEA01BR1SDEB
 - GBD8184E

2. Name of Policy Holder

GLS SHIPPING (S) PTE LTD

 3. Effective Date of the Commencement of Insurance
 for the purpose of the Act

27/05/2021

4. Date of Expiry of the Insurance

26/05/2022

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILE DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

Excess

S\$ 1,500.00 (SECTION 1)

S\$ 2,500.00 (SECTION 1) ADDITIONAL EXCESS FOR YOUNG AND/OR INEXPERIENCED DRIVERS

S\$ 100.00 WINDSCREEN EXCESS (EXCESS WILL BE DOUBLED ON SUBSEQUENT CLAIMS)

Condition

ACCIDENT REPAIRS AT LONPAC'S AUTHORISED WORKSHOPS

* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

I.P. Owner: DAIWLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

 CHIEF EXECUTIVE
 (Singapore Branch)

User ID: XLCHEX

Date Issued: 14/05/2021



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 13/08/2021

Your Ref No: GBE6506T/WM/hc/cl

Dear Sir/Madam,

Date of Accident: 11/08/2021 00:00 (SGT)

Vehicle No: GBE6506T

Place of Accident: AYE, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
SKX5346M	AYE, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

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 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 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 12/08/2021 09:17 (SGT)
Date of Accident 11/08/2021 14:39 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information AYE TOWARDS MCE BETWEEN ALEXANDER EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX5346M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GINNY TAN HSIEH YAN

VEHICLE PARTICULARS

Manufacturer Nissan
Model X-trail
Variant SUV
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company Aviva Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 11031456
Cover Note Number -

DRIVER

Name of Driver GINNY TAN HSIEH YAN
NRIC No S8332753G
Address NA
Address complement -
Postcode -
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
Weather Conditions Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1

CIRCUMSTANCES OF ACCIDENT

REFER STATEMENT ,POLICE REPORT & VIDEO

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLL3525C
Vehicle Manufacturer Toyota
Vehicle Model Corolla
Vehicle Variant -
Vehicle Colour White
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE6506T
Vehicle Manufacturer Toyota
Vehicle Model Hiace
Vehicle Variant -
Vehicle Colour Gray
Vehicle Category Commercial vehicle
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLM2231B
Vehicle Manufacturer Toyota
Vehicle Model Vios
Vehicle Variant -
Vehicle Colour Black
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number GBD8184E
Vehicle Manufacturer Mitsubishi
Vehicle Model Fuso
Vehicle Variant -
Vehicle Colour White
Vehicle Category Commercial vehicle

Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number GBB4833C
Vehicle Manufacturer Mitsubishi
Vehicle Model Canter
Vehicle Variant -
Vehicle Colour White
Vehicle Category Commercial vehicle
Name of Driver RAJENDRAN MANIKANDAN
Insurance Company Name China Taiping Insurance (Singapore) Pte. Ltd.

INJURED PERSONS DETAILS

INJURED 1

Name of injured person GINNY TAN HSIEH YAN
Gender Female
Phone No (Phone) +65-96549937
Injured person in which vehicle? SKX5346M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date:	Accident Time:	AM / PM
Accident Location:		
- Details of circumstances -		
<p>Total - 6 cars involved including my car.</p> <p>- 4 cars were in a collision, I was the 4th car and managed to brake but the lorry behind crashed into my car.</p>		
Toyota Altis - SLL3525C		
Toyota Hiace - GBE6506T		
Toyota Vios - SLM2231B		
Truck - GBD8184E		
Lorry - GBB4833C		
Third Party Details :-		
(B) Veh No:	(C) Veh No:	
(B) Veh Model:	(C) Veh Model:	
(B) Driver Name:	(C) Driver Name:	
(B) ID No:	(C) ID No:	
(B) Contact No:	(C) Contact No:	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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 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 lodgment 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)

I 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, 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")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 11/08/21
1701

Driver's Signature

(If driver is not the policyholder)
Date & Time: 11/08/21
1701

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:





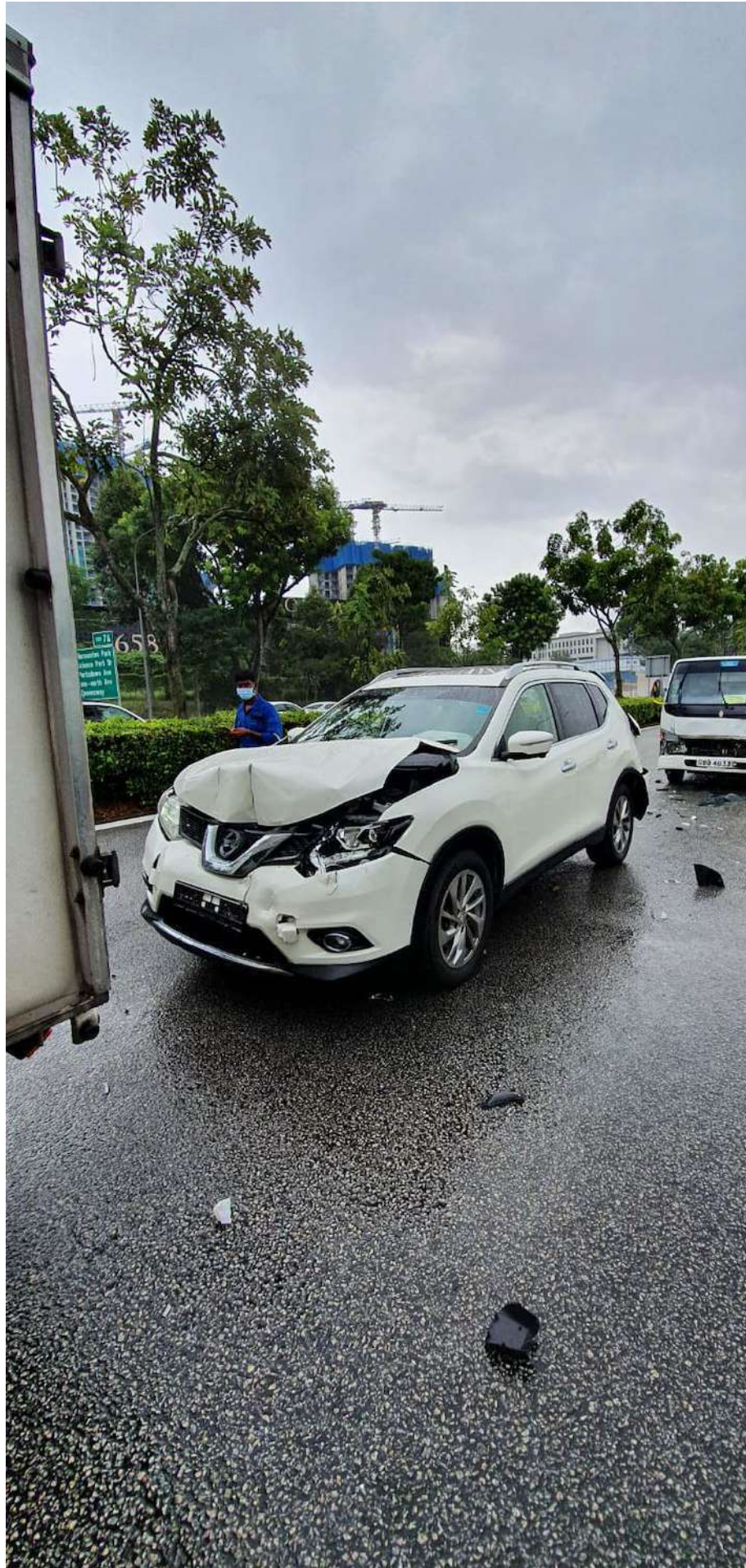




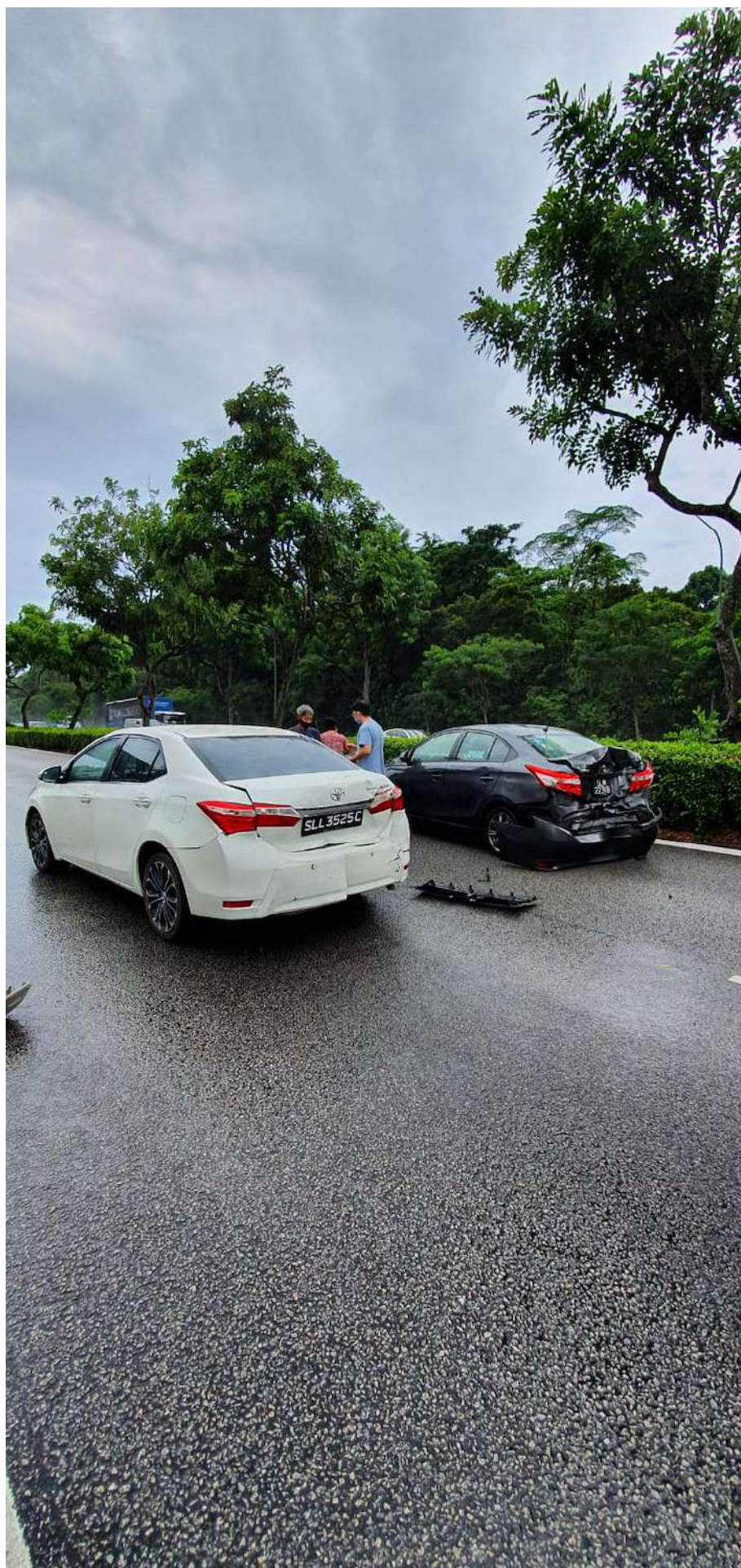










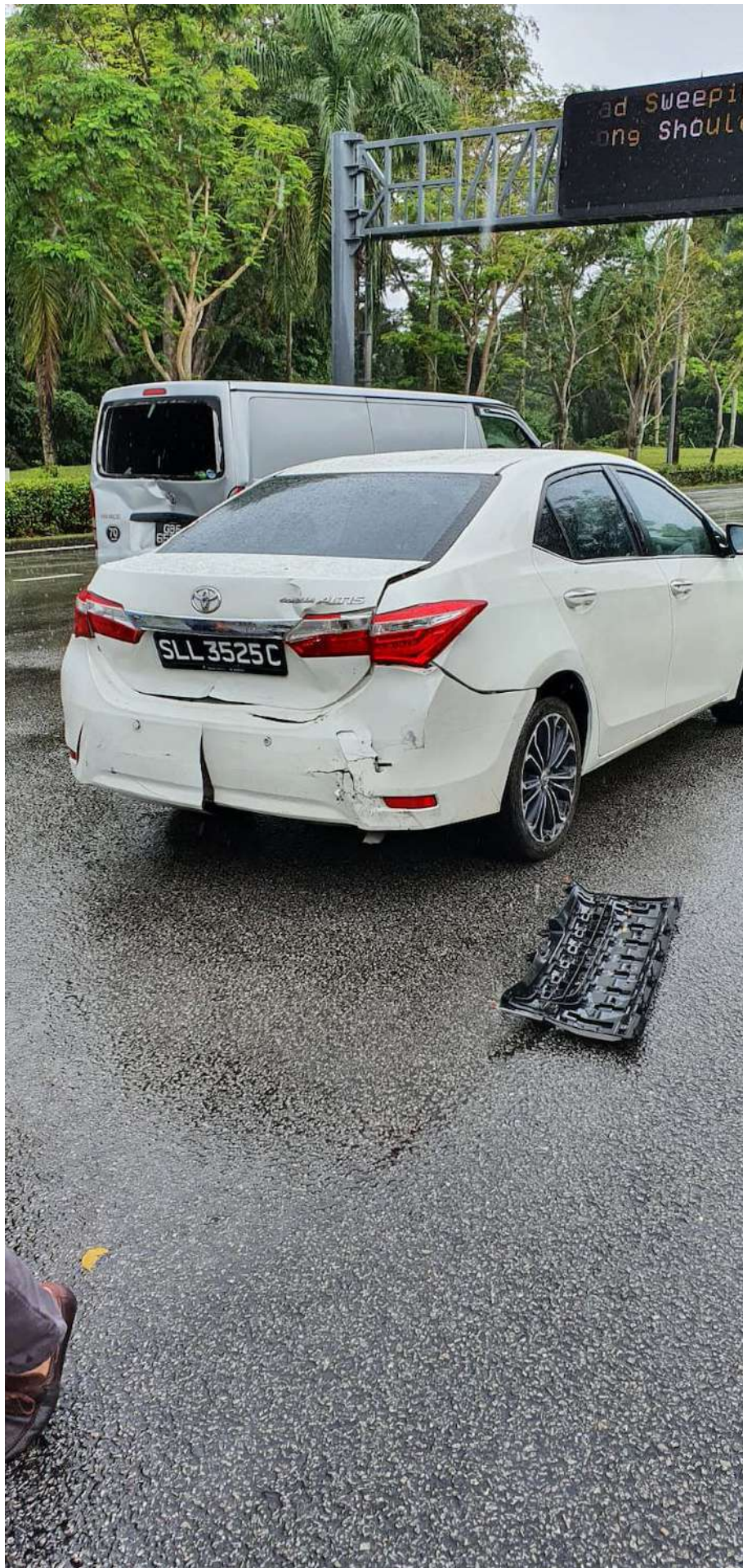
















**SINGAPORE
POLICE FORCE**



T/20210811/7038

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210811/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2021 20:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GINNY TAN HSIEH YAN			Address: 111 BUKIT PURMEI ROAD #14-182 SINGAPORE 090111		
ID Type / ID No.: NRIC NO / S8332753G			Contact No.: Home/Office: Mobile: 96549937		
Nationality: SINGAPORE CITIZEN			Email: ginny.tan.xy@roche.com		
Sex: Female	Age: 37	Date of Birth: 19/10/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Events Manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/08/2021 14:30	Type of Location: Flyover
Location: AYER RAJAH EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB4833C	Lorry	MITSUBISHI	CANTER	White	Slightly Damaged	1
GBD8184E	Lorry	MITSUBISHI	FUSO	White	Slightly Damaged	1
GBE6506T	Van	TOYOTA	HIACE	Silver	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210811/7038

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210811/7038

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKX5346M	Car	NISSAN	X-TRAIL+2.0+CVT+ABS+4WD+S/R+7-	White		0
SLL3525C	Car	TOYOTA	Altis	White	Slightly Damaged	1
SLM2231B	Car	TOYOTA	VIOS	Grey	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX5346M	AVIVA LTD	11031456	17/12/2020	16/12/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	RAJENDRAN MANIKANDAN		ID No.	G2707229T
Related Vehicle	GBB4833C (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	CHIN YEW WEN		ID No.	S1737239D
Related Vehicle	GBD8184E (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20210811/7038

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20210811/7038

CONTINUATION OF REPORT

Driver			
Name	GINNY TAN HSIEH YAN		ID No. S8332753G
Related Vehicle	SKX5346M (Car)		Contact No. 96549937
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	11/08/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

- was travelling on AYE towards MCE, before Alexandra Exit between the time of 14:30 to 14:40 hours on 11th Aug 2021.
- I was driving on the 2nd lane, noticed a collision of cars before me and was able to brake to avoid colliding into the lorry in front of me.
- A vehicle (lorry) behind me collided into my rear thus causing a huge force that resulted in my car colliding into the rear of the lorry in front of my vehicle even though i had avoided the accident a few seconds before.
- I have a video of the accident.
- Airbags were deployed out of my vehicle.
- Front and rear of my vehicle was badly damaged.
- I suffered bruises and abrasions to my neck, jaw, forearms and knee cap.
- Climbed out of my side window as i was unable to open the car door.
- The drivers of the vehicles were all out of their car and trying to understand what happened, everyone exchanged details.
- EMAS, LTA Road Marshalls and an Ambulance soon came along to help manage the situation.
- Only managed to take down the details of the lorry in front and behind my vehicle, did not manage to speak to the other drivers of the other cars involved.



**SINGAPORE
POLICE FORCE**



T/20210811/7038

4 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210811/7038

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2021 20:49
Officer In Charge Of Case: TP / TP1B / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : ST0X218C0001 Vehicle Registration No: SKX5346M
Name (as shown in NRIC) : GINNY TAN HSIEH YAN NRIC/FIN/Passport No : NA
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : NA Singapore ()
Contact (Tel) : _____ Mobile No. : 96549937
Email Address : ginny.tan.xy@gmail.com
Date of Accident : 11/08/2021 Time of Accident : 1439
Place of Accident : AYE TOWARDS MCE BETWEEN ALEXANDER EXIT
Insurance Company : AVIVA LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADDENDUM 3RD PARTY CLAIM TO OD CLAIM TO EXPEDITE PROCESS

GINNY TAN HSIEH YAN
Policyholder / Driver's Signature
Date: 12/08/2021


Reporting Centre Personnel's Signature
Name: SAYEDINAH ALI
NRIC/FIN No.: NA
Date: 12/08/2021



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 13/08/2021

Your Ref No: GBE6506T/WM/hc/cl

Dear Sir/Madam,

Date of Accident: 11/08/2021 00:00 (SGT)

Vehicle No: GBE6506T

Place of Accident: Buona Vista, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
GBB4833C	Buona Vista, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

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Thank you.

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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.
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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 12/08/2021 11:00 (SGT)
Date of Accident 11/08/2021 14:30 (SGT)
Exact Location of Accident Buona Vista, Singapore
Additional Location Information ALONG AYE TOWARDS BUONA VISTA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB4833C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MULTIHEIGHT SCAFFOLDING PTE LTD

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fb70bb1srdea
Variant -
Vehicle Category Commercial vehicle
Transmission Manual
CC 2977

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMCVSNA00095712000
Cover Note Number -

DRIVER

Name of Driver RAJENDRAN MANIKANDAN
Passport No/FIN G2707229T
Address AVERY LODGE
Address complement #05-52
Postcode -
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
Weather Conditions Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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 SKX5346M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBD8184E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLL3525C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLM2231B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car

Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number GBE6506T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Insurance Company Name -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person -
Gender Female
Phone No -
Injured person in which vehicle? SKX5346M

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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)**
I 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, 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")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/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.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Sketch Plan

ALONG AVE TOWARD BUONA VISTA

Veh A:	QBB4833C
Veh B:	SKX5346M
Veh C:	QBD8184E
Veh D:	8LL3525C
Veh E:	SLM2231B
Veh F:	QBE6506T

Describe Circumstances of the Accident

At about 1430hrs, it was a drizzly raining and the road condition was slippery. I am the driver of the vehicle number 6BB4833C from AYE highway toward Buena Vista.

~~There~~

Out of sudden, I saw ~~the~~ in front of me there was road accident and I immediately applied emergency jam brake but unfortunately my vehicle hit the in front white vehicle (SKX 5346M) due to road slippery condition.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel















SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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	14/08/2021 12:21 (SGT)
Date of Accident	11/08/2021 14:52 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	AYE TOWARDS CTE BEFORE ALEXANDRA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3525C
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WANG YAO

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
Variant	-
Vehicle Category	Private car
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5103479353-02
Cover Note Number	-

DRIVER

Name of Driver	WANG YAO
NRIC No	S2719903H
Address	46 WOODLANDS DRIVE 16 #12-51
Address complement	-
Postcode	737777
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
Weather Conditions Raining

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1

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 SLM2231B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE6506T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBD8184E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Insurance Company Name -

INJURED PERSONS DETAILS

INJURED 1

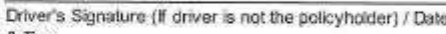
Name of injured person WANG YAO
Gender -
Phone No -
Injured person in which vehicle? SLL3525C

SKETCH PLAN

IMPORTANT NOTICE

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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)**
I 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, 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")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

A	B	C	D
△	△	△	△
△	△	△	△
△	△	△	△
△	△	△	△
△	△	△	△

A = SLL 3525 C
 B = SLM 2231 B
 C = GBE 6506 T
 D = GBD 8184 E

Describe Circumstances of the Accident

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT.
THE VEHICLE IN FRONT OF ME STOPPED AS SUCH I STOPPED AS WELL.
OUT OF A SUDDEN, I FELT 2 HUGE IMPACTS. AFTER THE
FIRST 2 IMPACTS, VEH B SWERVED TO MY RIGHT AND VEH C SWERVED
TO MY LEFT.
THEN, VEH D HIT ONTO MY REAR (3RD IMPACT).

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

MAC
Witnessed by Reporting Centre
Personnel

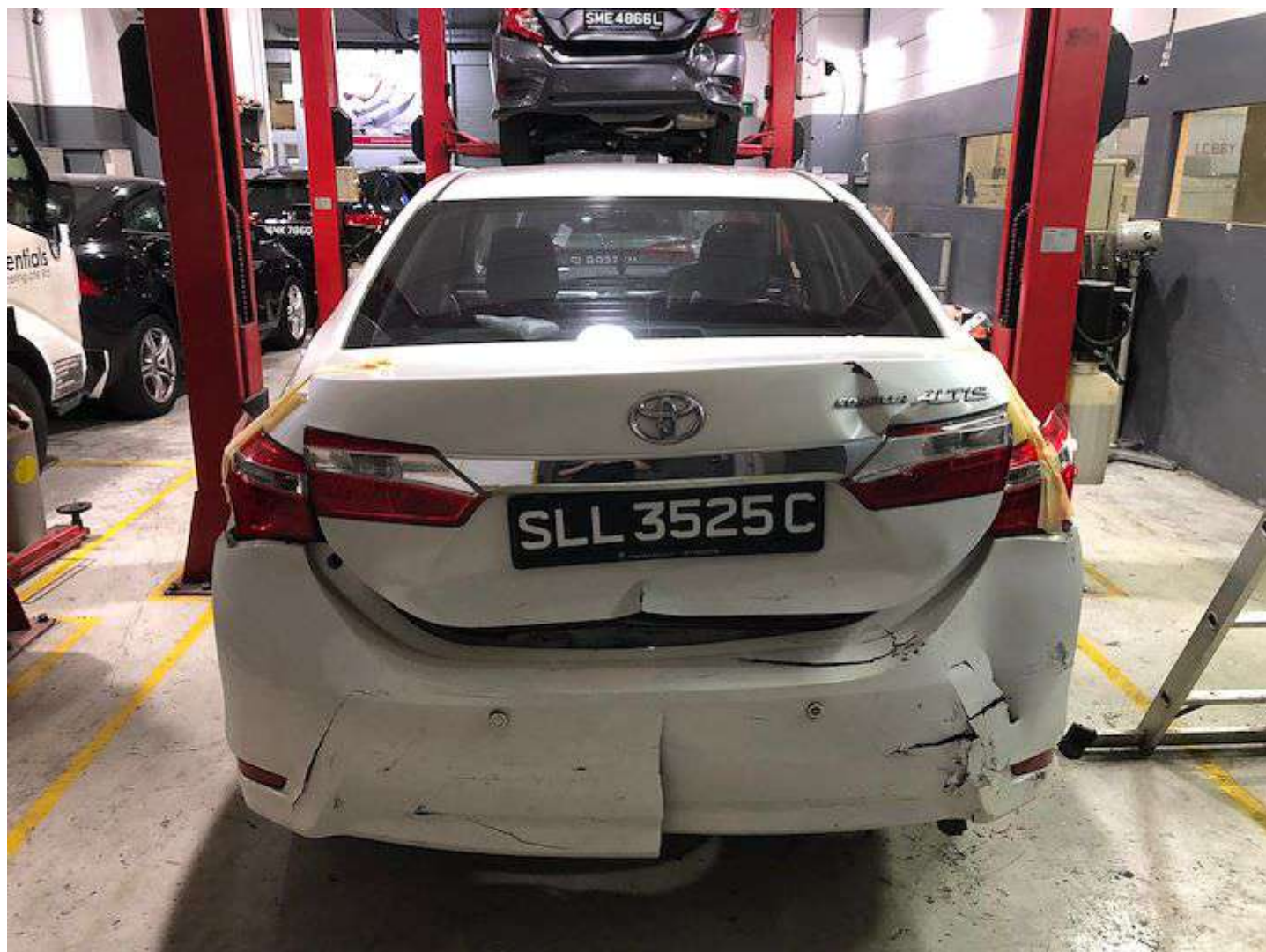




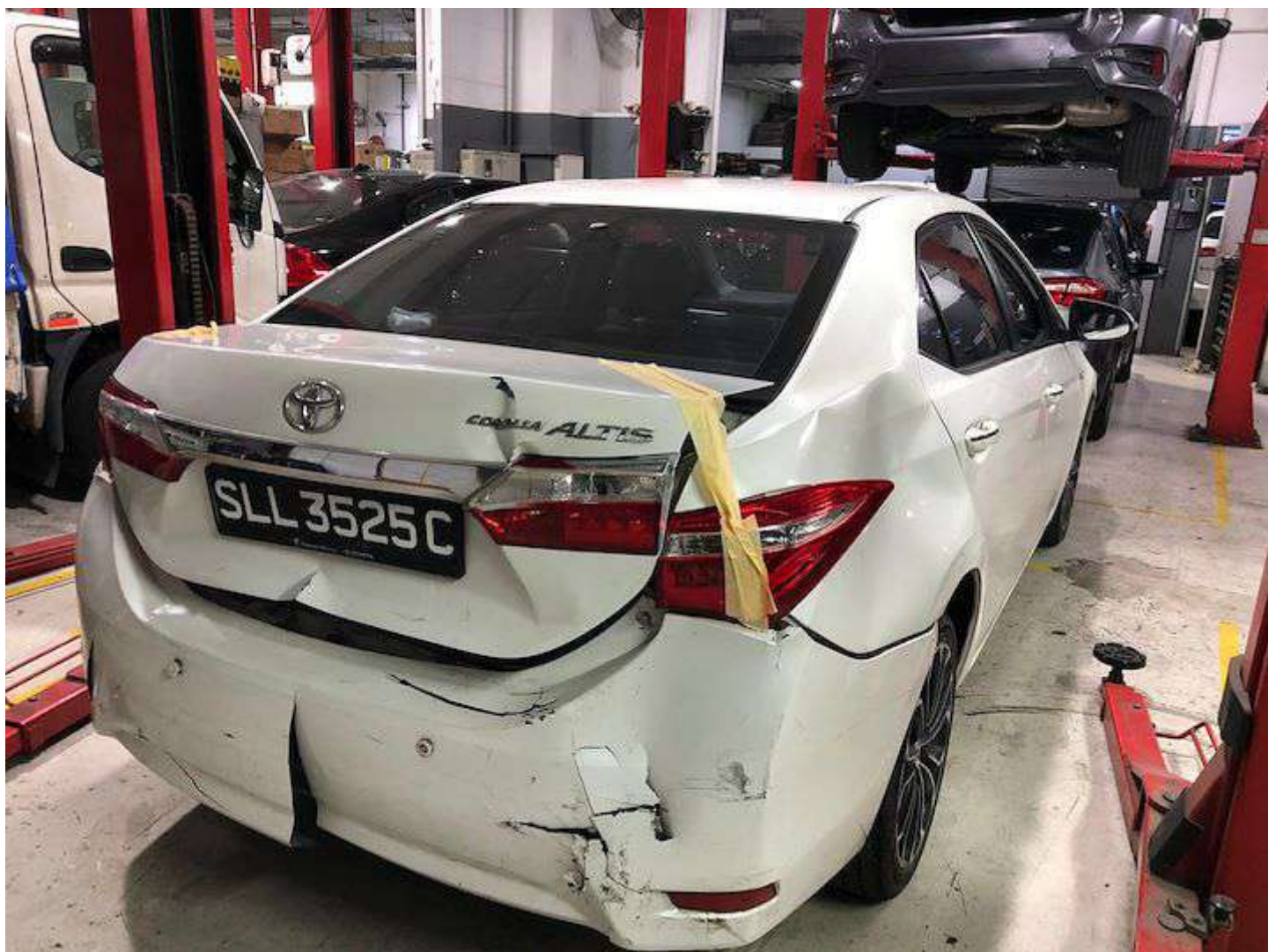












SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date of Submission 12/08/2021 00:36 (SGT)
Date of Accident 11/08/2021 14:35 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information TOWARDS MCE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM2231B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GRAB RENTALS PTE LTD

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
Variant -
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number G400000730MCX
Cover Note Number -

DRIVER

Name of Driver TAN LE WEI, LEWIS(CHEN LEWEI)
NRIC No S8509286C
Address BLOCK 325 TAH CHING ROAD
Address complement #08-30
Postcode 610325
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Chain Collision
Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 2

CIRCUMSTANCES OF ACCIDENT

ON 11/08/21 AT AROUND 14:35HRS, I WAS DRIVING MY VEHICLE A SLM2231B ALONG AYE TOWARDS MCE ON THE FIRST LANE. I WANTED TO EXIT ONTO ALEXANDRA SO I MADE A LANE CHANGE TO THE LEFT. SUDDENLY VEHICLE B SLL3525C MADE AN EMERGENCY BRAKE. I CANNOT RECALL IF I WAS ABLE TO STOP IN TIME. SUDDENLY I FELT MULTIPLE BANGS FROM THE REAR. I GOT OUT OF MY VEHICLE TO FIND THAT I AM BACK IN LANE ONE WITH 3 OTHER VEHICLES WHO HAD REAR ENDED EACH OTHER AND MYSELF FROM BEHIND. MY VEHICLE IS DAMAGED AT THE FRONT AND BADLY DAMAGED AT THE REAR. THE DRIVER OF VEHICLE E SKX5346M WAS INJURED AND CONVEYED TO A NEARBY HOSPITAL. I AM NOT INJURED

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 SLL3525C
Vehicle Manufacturer Toyota
Vehicle Model Corolla
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver WANG YAO
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE6506T
Vehicle Manufacturer Toyota
Vehicle Model Hiace
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver FONG CHEE LEONG
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBD184E
Vehicle Manufacturer Mitsubishi
Vehicle Model Fuso
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver CHIN YEW WEN
Insurance Company Name -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKX5364M



Vehicle Manufacturer	Nissan
Vehicle Model	X-trail
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GINNY TAN HSIEN YAN
Insurance Company Name	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	GBB4833C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAJENDRAN MANIKANDAN
Insurance Company Name	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GINNY TAN HSIEN YAN
Gender	Female
Phone No	(Phone) +65-96549937
Injured person in which vehicle?	SKX5364M

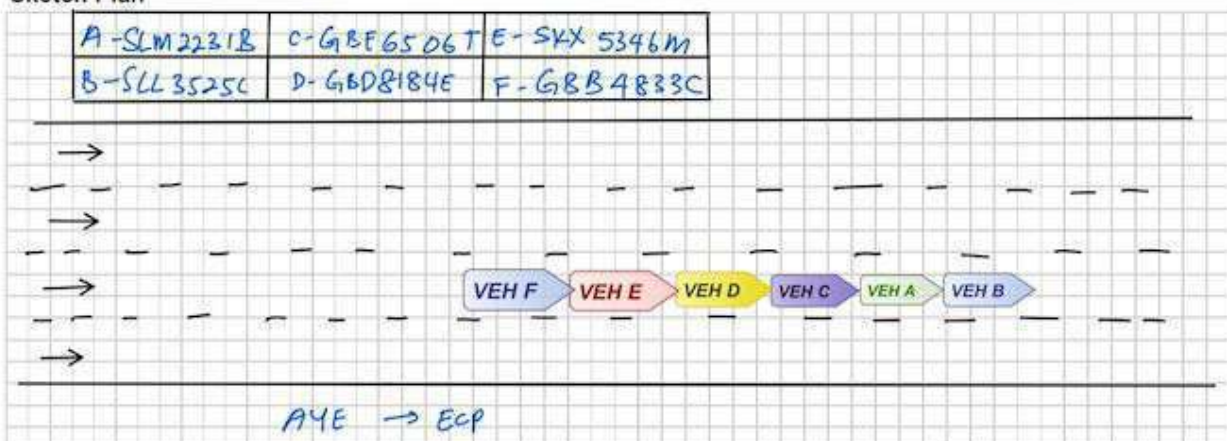
SKETCH PLAN**IMPORTANT NOTICE**

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(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")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 11/8/21 1636

Witnessed by Reporting Centre Personnel KHA/KUL

Sketch Plan

Describe Circumstances of the Accident:

ON 11/08/21 AT AROUND 14:35HRS, I WAS DRIVING MY VEHICLE A SLM2231B ALONG AYE TOWARDS MCE ON THE FIRST LANE. I WANTED TO EXIT ONTO ALEXANDRA SO I MADE A LANE CHANGE TO THE LEFT. SUDDENLY VEHICLE B SLL3525C MADE AN EMERGENCY BRAKE. I CANNOT RECALL IF I WAS ABLE TO STOP IN TIME. SUDDENLY I FELT MULTIPLE BANGS FROM THE REAR. I GOT OUT OF MY VEHICLE TO FIND THAT I AM BACK IN LANE ONE WITH 3 OTHER VEHICLES WHO HAD REAR ENDED EACH OTHER AND MYSELF FROM BEHIND. MY VEHICLE IS DAMAGED AT THE FRONT AND BADLY DAMAGED AT THE REAR. THE DRIVER OF VEHICLE E SKX5346M WAS INJURED AND CONVEYED TO A NEARBY HOSPITAL. I AM NOT INJURED

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

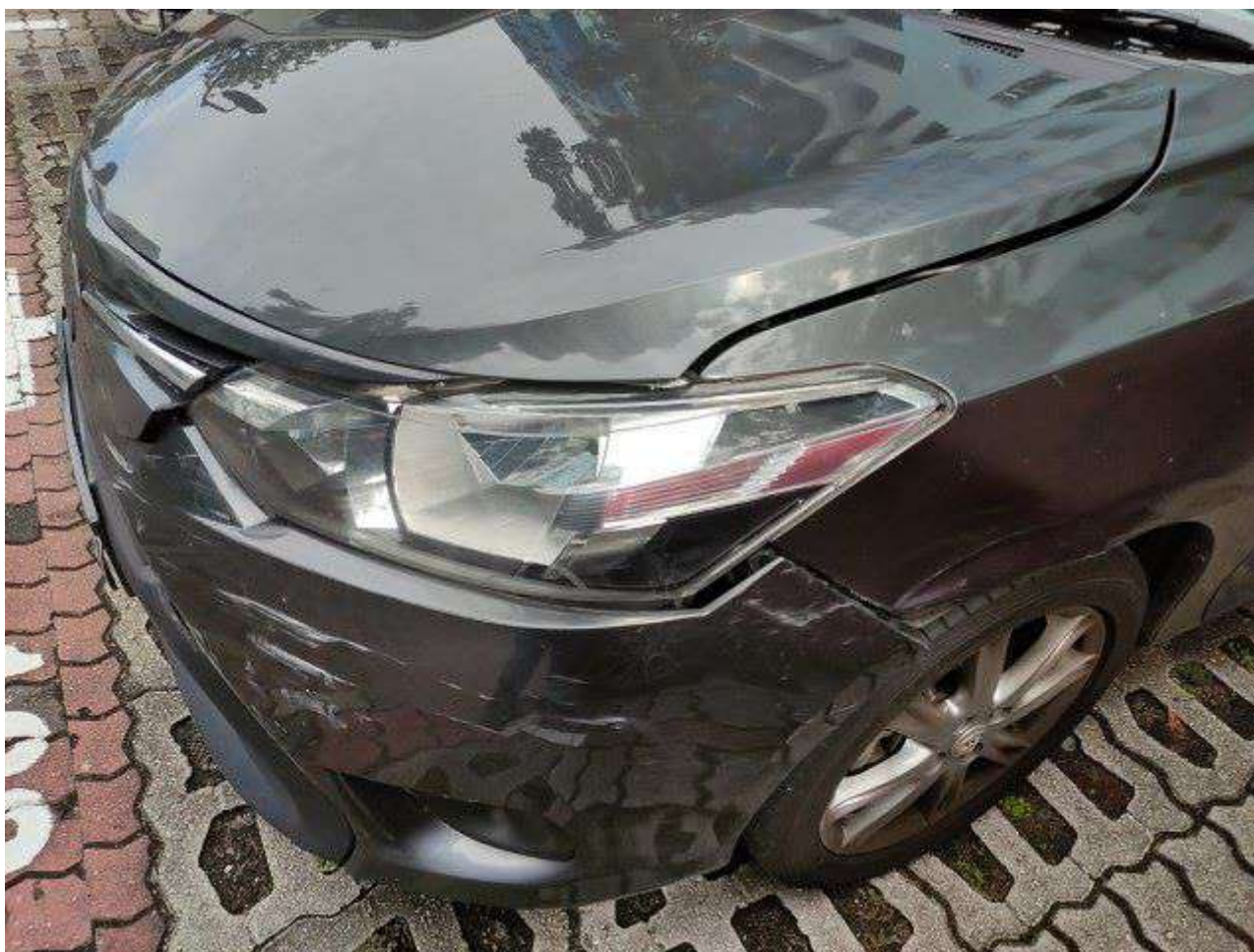


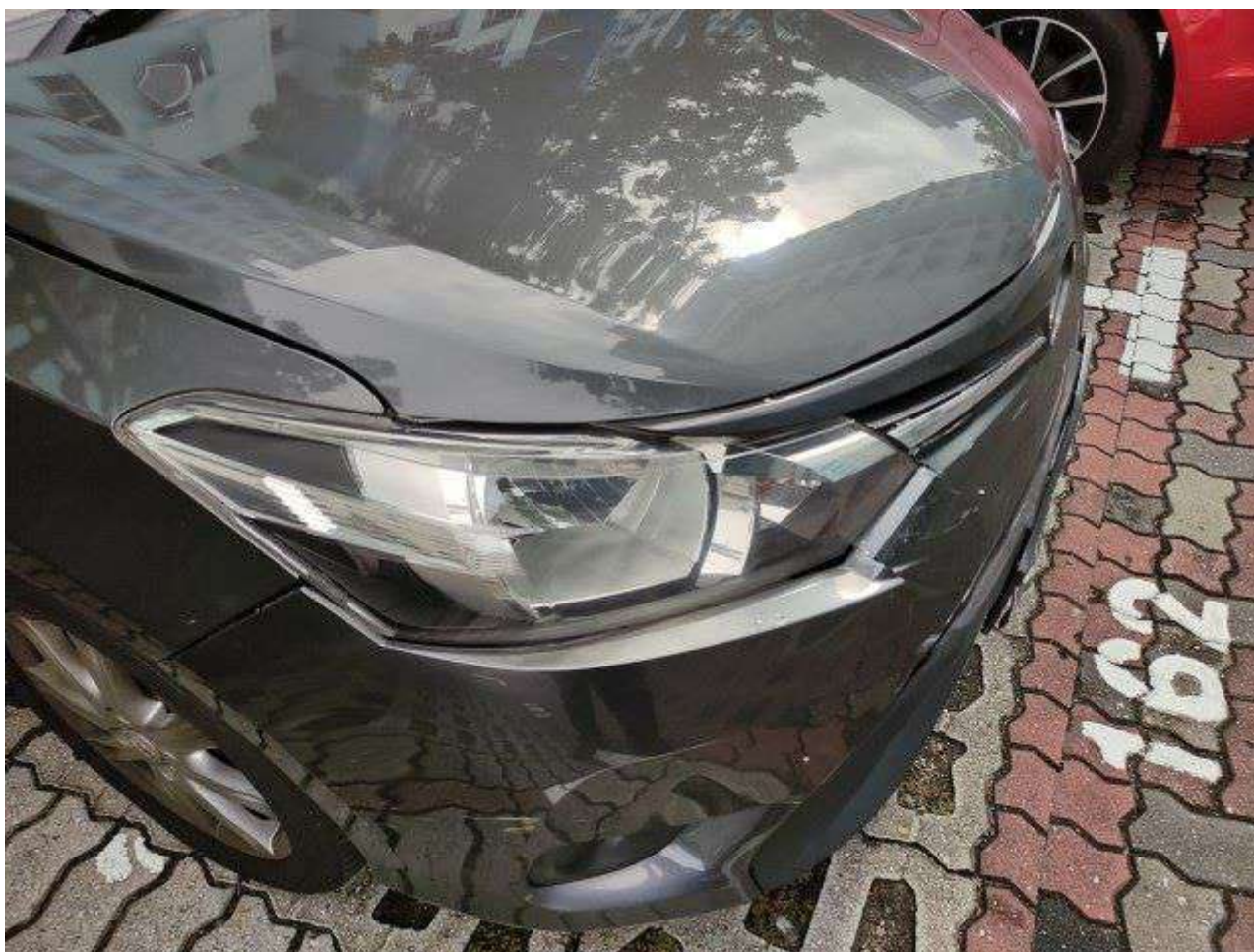
1630 11/8/21

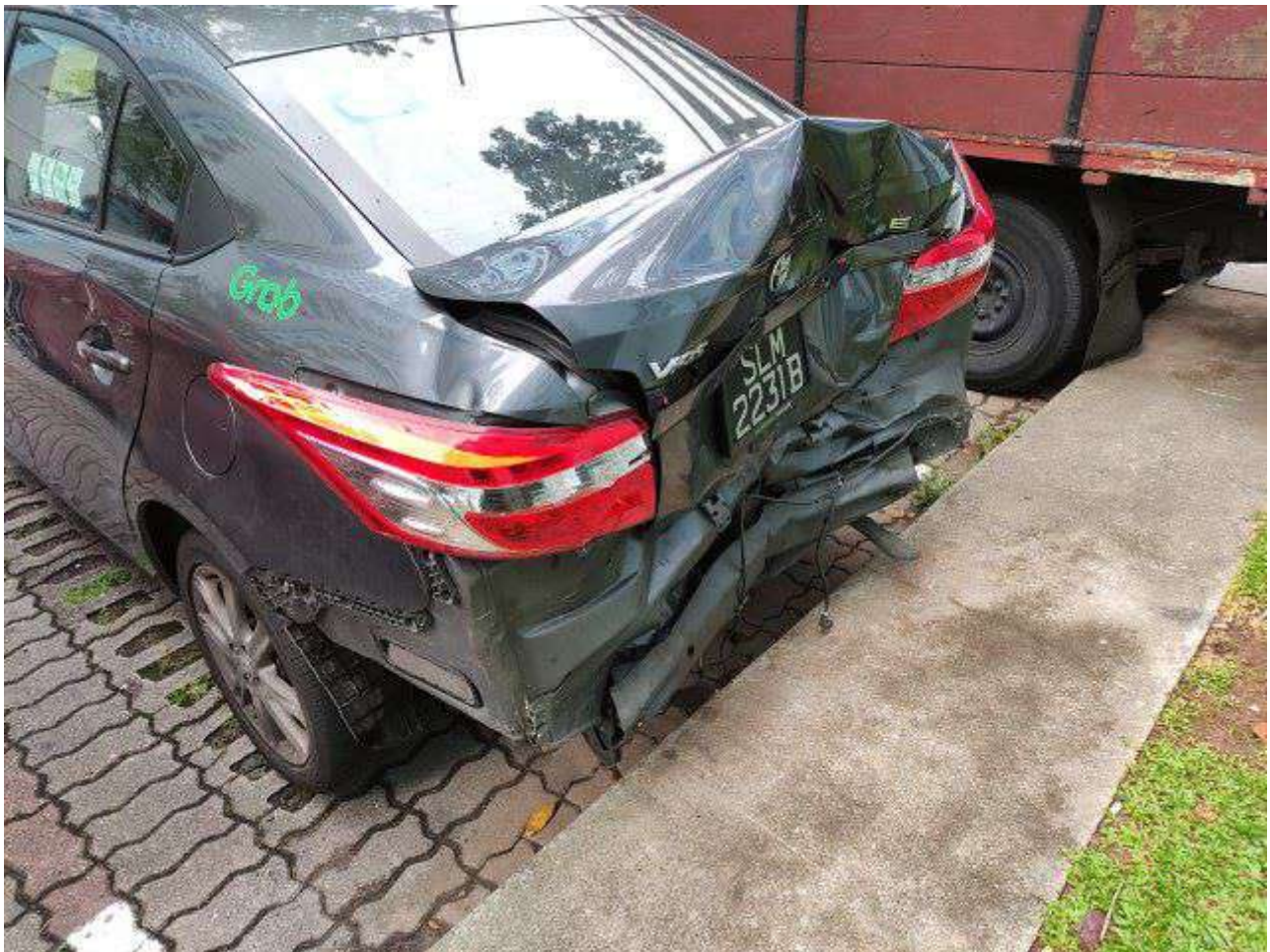
Witnessed by Reporting Centre Personnel



KHA/KUL

































Enquire Vehicle's Insurance Particulars (As At 11 Aug 2021 / 14:40:00)

Vehicle No.:

GBD8184E

Make Description/Model:

**MITSUBISHI / CANTER FEA01BR1SDEB
(CBU)**

Insurance Company Name:

LONPAC INSURANCE BHD

Business Transaction Reference No.:

20210815162817732129

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Vehicle's Insurance Particulars (As At 11 Aug 2021 / 14:40:00)

Vehicle No.:

SKX5346M

Make Description/Model:

NISSAN / X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR

Insurance Company Name:

AVIVA LTD

Business Transaction Reference No.:

20210817084318451200

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Vehicle's Insurance Particulars (As At 11 Aug 2021 / 14:30:00)

Vehicle No.:

GBB4833C

Make Description/Model:

MITSUBISHI / FB70BB1SRDEA

Insurance Company Name:

**CHINA TAIPING INSURANCE (SINGAPORE)
PTE LTD**

Business Transaction Reference No.:

20210817085223912156

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 13 Aug 2021 / 14:42:01

Receipt Date/Time : 13 Aug 2021 / 14:42:01

Tax Invoice/Receipt

Receipt No. : ITNET-00000-210813-002387

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (\$)	GST Amount (\$)	Amount After GST (\$)
Result of Insurance Enquiry - GBB4833C				
As at 11 Aug 2021/14:40:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - GBB4833C Enquiry Fee 20210813143959359937	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
512972XXXXXX5168		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

GBD8184E

Date of Accident

11/08/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Lonpac Insurance Bhd**

Period of Insurance **27/05/2021 - 26/05/2022**

Requested By **KSCGP02 (KSCGP JURIS LLP)**

Requested Date **13/08/2021 14:19**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SKX5346M

Date of Accident

11/08/2021



Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Aviva Ltd**

Period of Insurance **17/12/2020 - 16/12/2021**

Requested By **KSCGP02 (KSCGP JURIS LLP)**

Requested Date **13/08/2021 14:21**

Payment details

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**



RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Date of Request: 13/08/2021

Your Ref No: GBE6506T/WM/hc/cl

Dear Sir/Madam,

Date of Accident: 11/08/2021 00:00 (SGT)

Vehicle No: GBE6506T

Place of Accident: AYE, Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SLL3525C	AYE, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.



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6 Raffles Quay #18-00, Singapore 048580

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GST Registration No: M400017735

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Date of Accident: 11/08/2021 00:00 (SGT)

Vehicle No: GBE6506T

Place of Accident: AYE, Singapore

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SLM2231B	AYE, Singapore	(29.00)	1	(27.10)
GST Amount				(1.90)
Total Amount Due (GST Inclusive)				(29.00)

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