enneth	SIGNMENT
From:	
Estimated Cost:	
OD VIP IWS I TP RES I OD RES / EVA / INV / MY	Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
To Inspect Vehicle No:	Truck / Traller or
at Workshop m/s	Make: loy Print c.c / + Yf
of man / San / two	
Insured:	Sp.Reading 66536 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: JTDZS3EUXOJOSOCOS
Sum Insured: Excess:	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
4	Modi: Nil / S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 205/60R/6
Remark: The yeh had seemen at	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value: 8/10/	TOYO / YOKO or
IDAC Accident Rport: Consistent?: Yes or No	Front Rear
GIA / PR Seen: Consistent?: Yes or No	R/Bal. 9 mm R/Bal. 9 mm
Est. Repairs: Ob days Res.: Yes or No	Doa 28/10/0
Lum Sum: 20 % 3 Val.: Yes or No	
December 1	Survey held at
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	affected due to collision.
/ EPT not reach	
30/3/22 Repair range \$6,000-\$8,000	
30/3/22 Repail range \$0,000-\$0,000	
ı	
ato/Time, File Pass to? Prell. Report Da	
	ys Of Repair:
: Final Report Resulte/Fine, File Return to?	survey No. of Trip: Survey Fee:
Add Fee:	: Site Insp (\$
, , , , ,	Interview /s
<u> </u>	Tech love (\$
pport Format:	Weekend (\$
mp Sum / I.B.I: (S	
	107AL

SF0F2fCS0003 / FALCON-AIR AUTO SERVICES PTE LTD [575721] SUBMITTED BY: Florence Loh VERSION: 1 (29/12/2021 10:31 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding or material lacts that 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 **Date of Accident**

Exact Location of Accident Additional Location Information

Country/State of Loss

29/12/2021 10:31 (SGT) 28/12/2021 08:26 (SGT)

Singapore

BESIDE BLK 46 BENDEMEER ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

EB2288D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

No

CHIA KOK BENG SXXXX085J

louis8822@gmail.com

(Phone) +65-88996325

+65-88996325

Tovota

PRIUS PLUS

No - Claiming third party

Private hire

Auto

1798

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

DRIVER

Name of Driver

NRIC No

Accident report SF0F21CS0003

Tokio Marine Insurance Singapore Ltd Comprehensive

No

MQ004743

YAU TOW YONG SXXXX715G

Page 1 of 16

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- blormation provided must be as truthful and accurate as possible. Any wiful insrepresentation 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 fability 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 (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the hisurers towyershaw firms, the Monotary 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.

- (i) investigating the accident and/or my claims:
- (ii) carrying out and/or dealing with my instructions or responding to any enquries by me;
- (iv) administering my claims (including the making 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 admnistering, processing, handing and/or dealing with my claims.

(collectively the "Purposes")

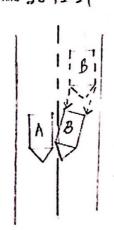
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers law yers/law firms, maylare permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their tawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Driver's Signature (if driver is not the policyholder) / Date & Time () 8 - 12 - 21

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

Sketch Plan





Factory Japan 2021.0.1 : Toyota : Prius Alpha : ZVW40W

Front: Left

Actual	Before	Specified Range
-3°19'	-3°19'	-0°55' 0°35'
3°15'	3°15'	5°10' 6°40'
0°04'	0°04'	0°00' 0°11'
15°50'	15°50'	11°25' 12°55'
12°30'	12°30'	/10°30' 13°30'
-		and the second

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

		Specified Rang
Actual	Before	-0°55' 0°35'
-0°06'	-0°06'	-0°55 0 33
	3°24'	5°10' 6°40'
3°24'		0°00' 0°11'
-0°09'	-0°09'	11°25' 12°55'
12°42'	12°42'	11 23 12 30'
12°36'	12°36'	10°30' 13°30'
12 30	ļ	

Front : Right

Front

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

Actual	Before	Specified Range
-3°14'	-3°13'	
-0°08'	-0°08'	
3°08'	3°07'	
-0°05'	-0°05'	0°00' 0°21'

Rear: Left

1		Vie.
7	Before	Specified Range
Actual		-1°55' -0°55'
-3°33'	-3°32'	
-3-33		// -0°03' 0°13'
0°20'	-0°20'	9 -0 03 0 .c

Camber Toe

		in I Damma
Actual	Before	Specified Range
Actual		-1°55' -0°55'
-1°47'	-1°47'	
-0°01'	-0°01'	-0°03' 0°13'
-0 0.		The state of the s

Rear : Right

Rear

Cross Camber Total Toe Thrust Angle Axle Offset

		Section 1997
Actual	Before	Specified Range
-1°46'	-1°45'	
-0°21'	-0°21'	-0°05' 0°26'
-0°09'	-0°09'	9.5
0mm	0mm	7.0