CS/AGI22002469/Aty3 ASS, PEG. BY ASSIGNMENT GBJ7082R Yr Regn: 2019, July Date: From: Type: M.Car / M.Cycle / Bus TVan / Lorry / Taxi / Prime Mover / Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV Truck / Trailer or Toyota Hiace To Inspect Vehicle No: Make: Insured / Std / NI / NA at Workshop m/s Colour Sp.Reading T/Radio: Insured / Std / NI / NA 105614 Insured: Eng/No: JTFHT02P000249314 Policy No. C/No: Gen. Cond. Good Fair / Poor / Burnt Claims No. Sum Insured: Excess: Steering: Inorder/ Jammed / Leaked / Burnt or Brake: Jammed / Leaked / Burnt or (Client's Record) Make of Veh: Modi: (Nil) S/Rim / STD A/Rim or 195R15C Tyre Size: (Policy Condition) Remark: The veh had commenced its N/S 0/S BS) DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / repair at the time of inspection. TOYO / YOKO or Bal. or Market Value: Front Rear R/Bal. Consistent?: Yes or No IDAC Accident Rport: mm mm Consistent?: Yes or No L/Bal. GIA / PR Seen: D.O.I. 31/03 D.O.A. Res.: Yes or No Est. Repairs: days 3 Val.: Yes or No Lum Sum: Survey held at Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Front N/S. Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Bridget Direct LUMP SUM \$2050, 3DAYS RED: 4337.7;67% 3 Date/Time, File Pass to? : Preli. Report Days Of Repair: Final Report Resurvey No. of Trip: Survey Fee: Date/Time. File Return to? Transportation:

Add Fee:

Report Formet:

REMAIN FROM FEB 1: 100

: Site Insp

: Interview (\$

Tech. Invs 13

8 + RS. SI

Photos

Others

SK0L223E000I / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 14/03/2022 15:52 (SGT) SUBMITTED BY: LEK YEE KHENG VERSION: 1 (14/03/2022 15:52 (SGT))



SINGAPORE ACCIDENT STATEMENT

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

1. Please report contestly the declarate of the accurate a special plant of the Authorised Driver
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 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 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

14/03/2022 15:52 (SGT) Date of Submission 12/03/2022 18:40 (SGT) Date of Accident **Exact Location of Accident** Singapore **BOON TAT STREET** Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

GBJ7082R Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? LECCA CAR LEASING Name Of Registered Owner 53247626C Company Reg No DARRYL@LLOGISTICSSG.COM **Email Address** (Phone) +65-90613717 Mobile Phone No (Office) +65-90613717 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Hiace 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 No - Claiming third party your vehicle? Commercial vehicle Vehicle Category Manual Transmission 2982 CC

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy No 5119825129-01 Policy Number Cover Note Number

DRIVER

DE COSTA IAN RUSSELL Name of Driver S9619168E NRIC No

Date Of Birth 01/06/1996 Occupation Outdoor 15/01/2020 Date Of Driving Pass 2 YEARS AND 2 MONTHS Driving experience Gender (Phone) +65-87984867 Mobile Number Alt. Phone Number DECOSTAIAN@YAHOO.COM.SG **Email Address** BLK 97 BEDOK NORTH AVE 4 #21-1513 S 460097 Address Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Change/cross lane Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 **ASHLEY SOO HUI** Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER STATEMENT ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SLN7372P Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

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

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.
- 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GiA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that :

- (a) My insurer , my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (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.



UEN: 532476260

Policyholder's Signature / Date & Time

Driver's Signature (f driver is not the policyholder) / Date & Time 14/03/22 315 pm

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances o	of the Accident	
I, Vehicle A	(GBJ 7082R) was Travelling on	Boon fat Street.
when the traffic	light turn green I proceed to n	make a left turn on
a Straight and	left turn lane. While turning	t suddenly felt an
Impact on the	Left portion of my vehicle. I	t was vehicle B
(SLN 7372P) atten	apted to go Straight on a left.	turn only lane, and aft
he hit my vehic	de, he continue to proceed Strain	ght.
Declaration		
We declare the foregoing particular to the control of the control	UEN: UEN: UEN: SIZIA SIZIZIA SIZIA S	P.
Policyholder's Signature / Date &	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time	8 Time 14/03/22 315 pm	Personnel