SS, PEG, BY:	SIGNMENT	
	(2111/272	2018 Jun
rom. Date:		
stimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax	1 / Pfittie Wover /
D / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	2/1 (20)
Inspect Vehicle No:	Make: Xissan NV350 c.c 2488	
Workshop m/s	Colour Gray, A/C: Insured / Std / NI / NA	
	Sp.Reading 16/220 T/Rad	io: Insured / Std / NI / NA
sured:	Eng/No:	0 -0 -
olicy No.	C/No: JNIMCZE26ZOZ	08594
laims No.	Gen. Cond. Good/ Fair / Poor / Burnt	
um Insured: Excess:	Steering: morder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or	
ake of Veh:	Modí: Nil S/Rim / STD A/Rim or	
CONTROL OF	Tyre Size: F: 195 P15 C	
(Policy Condition)	R: 185815c	
emark: The veh had commenced its N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / C	HTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / OKO or	
al. or Market Value:	<u>Front</u> <u>Rea</u>	,
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm	
SIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Ba	
st. Repairs:days Res.: Yes or No	D.O.A. D.O	18/04/22.
um Sum: % 3 Val.: Yes or No	'Survey held at \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	-
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S (N/S)	U/C / Rooftop or
Vehicle: IN / C		
Date:Person Contacted:	The U/C / Chassis frame / Body Struct	ture affected due to collision
Date / Time Action / Instruction		
19 China.		+ 12 18 18 18 18
mv :		
PV:		
Nett:		
20 Monthly person through		
	Day Of Day in	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	uniou Eggs
; Final Report		urvey Fee:
Date/Time, File Return to?		ansportation:

: Interview (\$

: Tech. Invs (\$

Report Formet: Lunia 2 um / LP I- (2 Photos Others SN09224E0005 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/04/2022 16:11 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (14/04/2022 16:11 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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 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

14/04/2022 16:11 (SGT) Date of Submission 13/04/2022 14:05 (SGT) Date of Accident **Exact Location of Accident** Singapore ALONG ORCHARD LINK/ORCHARD ROAD Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Employment

Manual

2500

No - Claiming third party

Commercial vehicle

GBH1437B Vehicle Registration Number

INSURED/POLICYHOLDER

Yes Is company? THE WINE GALLERY PTE LTD Name Of Registered Owner 201120555N Company Reg No eeli.ng@magnum.com.sg **Email Address** (Phone) +65-96189581 Mobile Phone No +65-96189581 Alternative Phone No

VEHICLE PARTICULARS

Nissan Manufacturer Nv350 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

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy DMCVSNW00008282201 Policy Number Cover Note Number

DRIVER

HAN NING KWANG(HAN NENGGUANG) Name of Driver S7718144Z NRIC No

01/07/1977 Date Of Birth Occupation Outdoor Date Of Driving Pass 18/12/1998 Driving experience 23 YEARS AND 4 MONTHS Gender (Phone) +65-90040708 Mobile Number Alt. Phone Number xiaoguizi77@yahoo.com.sg Email Address BLK 612B TAMPINES NORTH DRIVE 1 Address #06-254 Address complement 522612 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee 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 Collision - Change/cross lane Type of Accident Weather Conditions Clear Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 No Was anybody injured in the Accident? 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 PASSENGER Name Male Gender DETAILS OF POLICE ACTION Was the accident reported to the police? No No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes WITH WORKSHOP Reasons for not uploading a video of the accident Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 **SLN7132R** Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver Contact Number	Private car NANTAPORN AKLEAYANON (Phone) +65-97895122
Address	•
Address complement	-
Postcode	-
Insurance Company Name	N.ST. SHE
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, agree and consent that

- (a) My insurer , my w orkshop 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 &

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

Sketch Plan 1111 A A

Veh A: GBH1437B

Describe Circumstances of the Accident
On above date 4 time, I was driving my valide A (GBH 1437B) traveling
along Orchand Link towards bideford Rd on first lare of a 3-lines, road. Somewhere
at the junction of actord Rd, vehicle B (SLN7132R) which from lane 2 suddenly
fitter to my love when my vehicle crossing the junction. As a result, the
right portron of vehicle B collided onto the left portron of my vehicle.

Declaration

IWe 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