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| NEF:  | CS/CTI2                | 2004156/Aqc                                 | AL TO COMPANY   |
|---|------------------------|---|---|
|   | ASSI                   | GNMENT                                      |   |
| From: Date:                                       |                        | Veh No: 8 3 2 4 1 7 7 5                     | . Yr Regn: 2010/Nov   |
| Estimated Cost:                                   |                        | Type M.Car / M.Cycle / Bus / Van / Lo       |   |
| DD / TP / WS / TP RES / OD RES / EVA / INV / N    | //V                    | Truck / Trailer or                          |   |
| To Inspect Vehicle No:                            |                        | Make: Toyota Camo                           | y. c.c 2362   |
| at Workshop m/s                                   | 44                     | Colour Silves.                              | A/C: Insured / Std / NI / NA  |
| of  | ATT VIEW               | Sp.Reading /66872                           | T/Radio: Insured / Std / NI / NA  |
| nsured:   |                        | Eng/No:                                     |   |
| olicy No.   |                        | C/No: MROS3FK                               | 40000 13727   |
| Claims No.  |                        | Gen. Cond: Good Fair / Poor / Burnt         |   |
| Sum Insured: Excess:                              |                        | Steering Inorder Jammed / Leaked / Burnt or |   |
| (Client's Record)                                 |                        | Brake: Inorder Jammed / Leaked              | Burnt or  |
| Make of Veh:                                      |                        | Modi: Nil/S/Rim / STD A/Rim or              |   |
| (MESAMATRISHED FIRM FRIEDRICH FOR PRINCIPLE FILLS |                        | Tyre Size: F: 2/5/55R17.                    |   |
| (Policy Condition)                                |                        | R: 215/5                                    |   |
| Remark: The veh had commenced its                 | N/S O/S                | BS / DUN / EXNOVA / GY / FS / LIZA          | / MIC / OHTSU / PIR / SUMI /  |
| repair at the time of inspection.                 |                        | TOYO / YOKO or                              | de la companya de la |
| Bal. or Market Value:                             |                        | Front                                       | Rear  |
| DAC Accident Rport: Consistent?: \                | res or No              | R/Bal. 06 mm                                | R/Bal. 06 mm  |
| GIA / PR Seen: Consistent?: \                     | Yes or No              | L/Bal. 06 mm                                | L/Bal. 06 mm  |
| Est. Repairs:5 days Res.: Y                       | es or No               | D.O.A.                                      | D.O.I. 65/05/22   |
| Lum Sum: % 3 Val.: Y                              | es or No               | Survey held at Twin                         | Ces, I l  |
| CA / REV / REP. / 24 HRS                          |                        | Des. of Damages : Frt / Rear / O/S          |   |
|   | Vehicle: IN / OUT      | Pees of s                                   |   |
| Date: Person Contacted:                           |                        | The U/C / Chassis frame / Bod               | y Structure affected due to collision   |
| Date / Time   Action / Instruction   TP Chura -   |                        | •   |   |
| LS \$3800, 5 days. (F                             | Red \$4247 92          | 53%)  |   |
| LO ψοσου, ο days. (I                              | του ψπ <b>∠</b> πι.υ∠, | 5570]                                       | -   |
| M∨ :  |                        |   |   |
| PV:   |                        |   |   |
| Nett:   |                        |   |   |
|   | PAGGART &              | 90 16 16 16 16 16 16 16 16 16 16 16 16 16   |   |
|   |                        |   |   |
| Date/Time, File Pass to? : Preli. Report          |                        | Days Of Repair: 5                           |   |
| 21/09 Typist : Final Report                       |                        | Resurvey No. of Trip: 1                     | Survey Fee:   |
| Date/Time, File Return to?                        |                        | [ California                                | Transportation:   |
| )   | Add Fee                | : Site Insp (\$                             | )8 + R8SI   |
|   |                        | : Interview (\$                             | ) Photos  |
| eport Formet: MER-TP                              |                        | :Tech. linvs (\$                            | ) Others  |
| with Som I to For                                 |                        | . The alexander                             | . 1   |

SV0E22540002 / VANTAGE AUTOMOTIVE LIMITED ENTRY DATE & TIME: 04/05/2022 11:43 (SGT) SUBMITTED BY: CLEMENT CHIA CHER YANG VERSION: 1 (04/05/2022 11:43 (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 <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

- 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**

04/05/2022 11:43 (SGT) Date of Submission 03/05/2022 20:30 (SGT) Date of Accident Near 198 Hillview Ave, Singapore 669601 **Exact Location of Accident** Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

SJZ4177S Vehicle Registration Number

#### INSURED/POLICYHOLDER

No Is company? Name Of Registered Owner THAM TECK SENG S2501350F NRIC No THAMTECKSENG@HOTMAIL.COM Email Address (Phone) +65-84829450 Mobile Phone No (Office) +65-84829450 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Camry Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1998 CC

#### **INSURANCE COMPANY**

Liberty Insurance Pte Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy SI21V13627/VPE/R08/E00 Policy Number Cover Note Number

#### DRIVER

THAM TECK SENG Name of Driver S2501350F NRIC No

Date Of Birth 15/10/1955 Occupation Indoor Date Of Driving Pass 26/12/1991 Driving experience 30 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-84829450 Alt. Phone Number (Office) +65-84829450 Email Address THAMTECKSENG@HOTMAIL.COM 28 BUKIT BATOK EAST AVENUE 2, #21-13 Address Address complement Postcode 659921 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 - Head to Rear Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Jurong East Neighbourhood Police Centre Police Station Name (Phone) +65-18008999999 Police Station Phone No (Fax) +65-66655791 Alt. Police Station Phone No No. 92 Boon Lay Way Singapore 609962 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ACCIDENT REPORT AND POLICE REPORT 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 SMT9925M Vehicle Registration Number Toyota Vehicle Manufacturer

Noah

Black

Private hire

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category

| Name of Driver                          | SOFIAN               |
|---|----------------------|
| Contact Number                          | (Phone) +65-92390204 |
| 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**

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 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.
- 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)

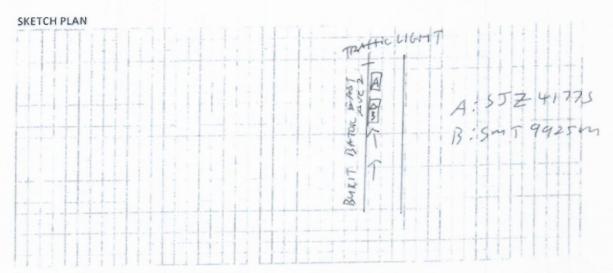
I understand, acknowledge, agree and consent that:

- (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:
  - 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:
  - 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:

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

NRIC/FIN No .:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| DESCRIBE CIRCOMSTANCES OF THE NOTICE                       |
|--|
| On 3/5/22 at about 830pm, I was travelly in vett 'A'       |
| whong Bukit BATOIC EAST AVE 2. At the traffice Tunction    |
| while vaiting for lights to toly given. Supposity vett 'B' |
| Knock onto ny REHQ.  |
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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.: