ASS. REC. BY: 518 VR () 3/13/11	700 4550 EVC
ASSIC	SIMENT
From: Date:	Veh No: GBC 63198 Yr Regn: 10/8//8
Estimated Cost:	Type: M.Car / M.Cycle / Bus Van/ Lorry / Taxl / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: 115304 17700 c.c 1061
	Colour Lotte A/C: Insured / Std / NI / NA
,	Sp.Reading 13697 T/Radio: Insured / Std / NI / NA
ol	Eng/No:
Insured:	C/NO: 1/SKY BAMPOLOTIOSTI.
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt
Claims No Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
Soft insured.	Brake: Inorder/Jammed/Leaked/Burnt or
(Client's Record)	Modi: Nil / S/Rim / STD A/Rim or
Make of Veh:	Tyre Size: F: 175/60214
	R: ()
(Policy Condition) N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM! /
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	TOYO / YOKO OF TOMP
	Front Rear
Bal. or Market Value: Consistent?: Yes or No	R/Bal. U mm , R/Bal. U mm
DAG ACCIDENT POR	UBal. 4 mm UBal. 4 mm
GA / FR Cooks	D.O.A. 26/4/12 D.O.I. 17/5 (1)
ESC Reports.	Survey held at
Lum Sum: % 3 Val.: Yes or No	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	V
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Coto/Time Action / Instruction	1011 - 31 - UK
MV-56K report	
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N. C.	
	Davis Of Bonels
Osle/Time, File Pass to? : Prell. Report	Days Of Repair: Survey Fee:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	
2) Add F	
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Report Formel:	: Weel and (%
Lump Sum / I.B.J: (\$)	: Weerand 1:
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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 witholding of material facts may allow insurance companies to repudiate.

policy flability.
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

27/04/2022 15:27 (SGT) 26/04/2022 14:35 (SGT) Bendemeer Rd, Singapore BENDEMEER ROAD BEFORE F14 TAXI STAND Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number •

GBH6319B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

CYCLECT ELECTRICAL ENGINEERING PTE LTD 197302305N KRISHNAN.N@CYCLECT.COM.SG (Phone) +65-62656833 +65-62656833

VEHICLE PARTICULARS

Model Variant

Manufacturer

Nissan Nv200

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

Employment

No - Claiming third party Commercial vehicle Manual 1500

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy **Policy Number** Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive

Yes

5115344561-02-000022

DRIVER

Name of Driver NRIGNO

YAP MENG HOCK S1348410D

Accident report SR06224R0001

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of Birth 18/06/1959 upation Outdoor Ate Of Driving Pass 02/03/1982 inving experience 40 YEARS AND 1 MONTH Gender Male Mobile Number, (Phone) +65-90037034 Alt. Phone Number **Email Address** YAP.MH@CYCLEC*T.COM.SG BLK 45 BENDEMEER ROAD #06-1453 Address Address complement 330045 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 - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION No Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident 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) 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? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHMENT COLLISION-HEAD TO SIDE ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SH8772K Vehicle Registration Number Hyundai Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Taxi Vehicle Category **CHUA CHEW SOO** Name of Driver Contact Number Address Page 2 of 30 Accident report SR06224R0001

ess complement jurance Company Name jurance Company Name jurier Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

Accident report SR06224R0001

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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 will interepresentation or withholding of muterial facts may show 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
- Any talse 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 todgement 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/low firms, the Monetary Authority of Singapore and any relevant ernment 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

- (ii) investigating the accident and/or my claims;
- (ii) 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' lawlyers/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.



Driver's Sig re (If driver is not the policyholder) / Date Witnessed by Reporting Centre

Sketch Plan

8172 K (coming out from tax's Stand. without styping) Ben demeer F14 Tax Mat I Stan

Accident report SR06224R0001

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FERL IMPACT FROM MY SE MY RESTORMENT FINE MIRROR FOR	SADEMERS ROAD, SUDDENTU
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Declaration

declars the foregoing particulars are true in every respect

02 TSP

Policyholder's Signature / Date &

Oriver's Signature (if driver is not the policyholder) / Date

Withersed by Reporting Centre Personnel

Accident report SR06224R0001

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