ASS. REC. BY: Kenneth

REF: C12 / 22006219 / kc

ASSIGNMENT

From: ______ Date: ______

Estimated Cost: ______

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: ______

at Workshop m/s Messin

of 163W

Insured: ______

Policy No. ______

Claims No. ______

Sum Insured: ______ Excess: ______

(Client's Record)

Make of Veh: ______

10:30am

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: 856k

IDAC Accident Rport: ______ Consistent? : Yes or No

GIA / PR Seen: ______ Consistent? : Yes or No

Est. Repairs: 12 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: ______ Person Contacted: Anthony Vehicle: IN / OUT

Veh No: GBG 3641 C Yr Regn: 07, 17

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or ______

Make: Toy Hiace c.c 2982

Colour: White A/C: Insured / Std / Nil / NA

Sp.Reading: 216212 T/Radio: Insured / Std / Nil / NA

Eng/No: ______

C/No: JTFHT02P200215713

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or ______

Brake: Inorder / Jammed / Leaked / Burnt or ______

Modi: Nil / S/Rim / STD A/Rim or ______

Tyre Size: F: 195R15X8

R: ______

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or ______

Front		Rear	
R/Bal.	6 mm	R/Bal.	4 mm
L/Bal.	6 mm	L/Bal.	4 mm
D.O.A.	28/6/22	D.O.I.	30/6/2022

Survey held at ______

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or ______

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
/	Got BZ, Est not ready

Date/Time, File Pass to? ☐ : Prell. Report

1) ______ ☐ : Final Report

Date/Time, File Return to?

2) ______

Days Of Repair: ______

Resurvey No. of Trip: ______

Add Fee: ☐ : Site Insp ($ ______)

☐ : Interview ($ ______)

☐ Tech Invs ($ ______)

☐ Weekend ($ ______)

Survey Fee: ______

Transportation: ______

__$ + RS.__SI

Photos ______

Others ______

TOTAL ______

Report Format : ______

Lump Sum / I.B.I: ($ ______)

SS1Q226T0001 / SU Brothers Motor Workshop
ENTRY DATE & TIME: 29/06/2022 12:14 (SGT)
SUBMITTED BY: Su Kia Wee
VERSION: 1 (29/06/2022 12:14 (SGT))

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 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	29/06/2022 12:14 (SGT)
Reported by	Driver
Date of Accident	28/06/2022 13:40 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	JUNCTION OF ANG MO KIO AVE 10 AND AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3641U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	XPRESSFLOWER.COM.PTE.LTD,
Company Reg No	2XXXXX165W
Email Address	66gopalchin@gmail.com
Mobile Phone No	(Phone) +65-89496621
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5092898091-04

DRIVER

Name of Driver	GOPAL S/O CHINNIAH
NRIC No	SXXXX233G
Date Of Birth	15/08/1966
Occupation	Outdoor

SKETCH PLAN

IMPORTANT NOTICE

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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 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)**

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 :

(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' 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

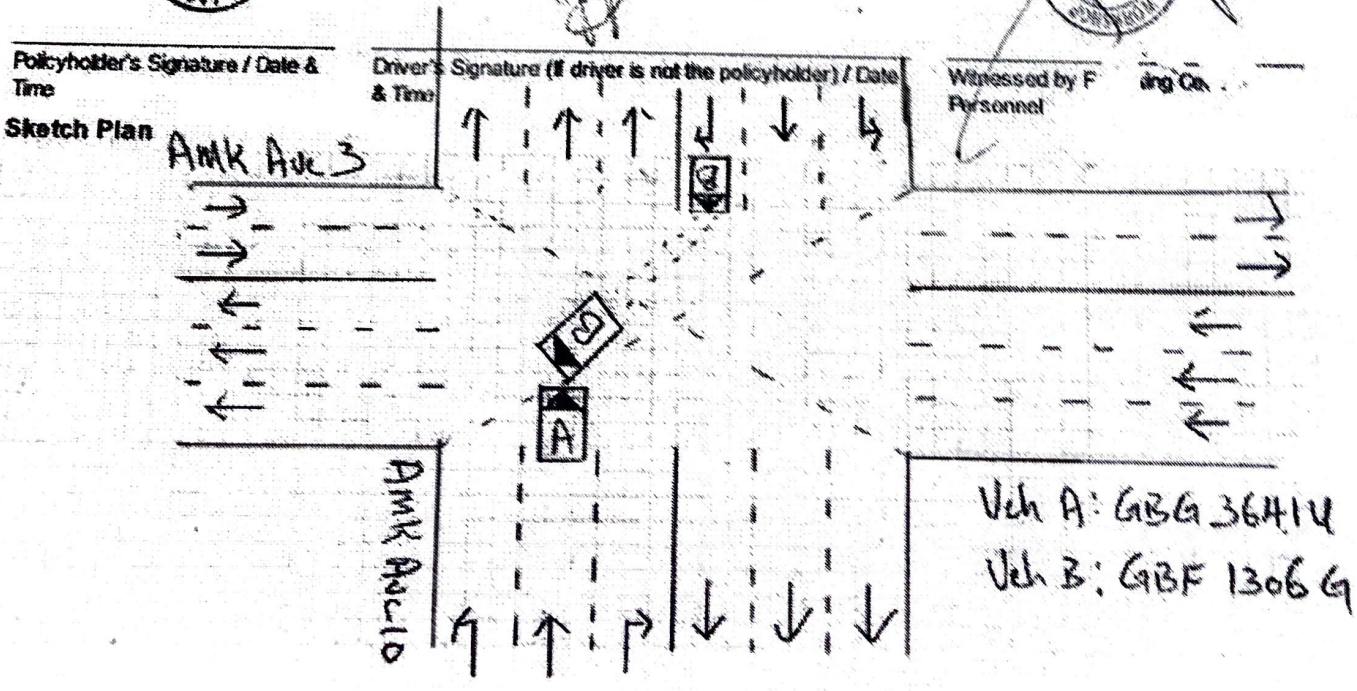
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by F[illegible]ing Co. Personnel

Sketch Plan



SINGAPORE POLICE FORCE

T/20220628/2063

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20220628/2063

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date and time, I was travelling my vehicle (GBG3641U) along Ang Mo Kio Ave 10 towards Ang Mo Kio Ave 1. It was at the junction of Ang Mo Kio Ave 10 and Ang Mo Kio Ave 3. The traffic light was green in my favour and I proceeded straight. One vehicle (GBF1306G) was travelling in the opposite direction wanted to turn towards Ang Mo Kio Ave 3 which is on his right side. This resulted in both our vehicle colliding and the other vehicle had swerved and hit a nearby lamppost.

The impact had resulted in my vehicle's entire front being damaged, including the windshields being broken and the front bumpers having a huge dent and scratches from the impact. The other vehicle faced similar damages where the windshield is broken adn the front bumper having a huge dent and scratches.

We were then attended to by the paramedics and Traffic Police. I had one passenger with me who was conveyed to the hospital by the paramedics. I had a dash camera and I provided the SD card to the attending traffic police. I was also advised to go to the clinic to get myself checked. I suffered some injuries on the right side of my arm, my right wrist, my neck area and my chest area.

I went to the clinic after the incident and informed the doctor of my pain, discomfort and injuries and was given 5 days of MC.