ASSI	GNMENT
From: Date:	Veh No: 6869338GYr Regn: 2017, Dec
Estimated Cost:	Type: M.Car / M.Cycle / Bus (Van) Lorry / Taxi / Prime Mover /
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Meredes Berz Citen c.c 1461
at Worlshop m/s	Colour While A/C: Insured / Std / NI / NA
	Sp.Reading 84562 T/Radio: Insured / Std / NI / NA
nsured	Eng/No:
Dellar - No	C/No: WDF4156052U222295
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt
Claims No	Steering Inorder / Jammed / Leaked / Burnt or
Thin is a company of the contract of the contr	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)  Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
INICIO OI VOIL	Tyre Size: F: 195/6R15
(Policy Condition)	195/65R15
(Policy Condition)  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 OF Contrestal
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 96 mm R/Bal. 96 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 ,mm
Est. Repairs: days Res.: Yes or No	D.O.I. 25/07/22
Lum Sum: % 3 Val.: Yes or No	'Survey held at Kary
AND THE RESERVE OF THE PARTY OF	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vehicle: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collisio
Date / Time Action / Instruction	
TP Bridget Direct	
0	
MANAGE CONTRACTOR OF THE CONTR	
mv:	
Nett:	Variable Recommendate
7164	
	Automore Park and a
prosecution	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
1) ; Final Report	Resurvey No. of Trip: Survey Fee:
Hete/Lime 640 Postus to 2	Transportation:
Date/Time, File Refum to?	(\$
2) Add Fe	: Site Insp (\$ )_8+Rs_si : Inter/ew (\$ ) Photo:

SN072271001C / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 18/07/2022 17:06 (SGT) SUBMITTED BY: Chen Jun Liang VERSION: 1 (18/07/2022 17:06 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

  2. 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

- 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

Reported by

Date of Accident

**Exact Location of Accident** Additional Location Information

Country/State of Loss

18/07/2022 17:06 (SGT)

Driver

17/07/2022 14:00 (SGT)

Singapore QUEENSWAY

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBG9338G

#### INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Alternative Phone No

Mobile Phone No

DJY ENGINEERING PTE LTD

200913804W

DONYEO@DJYENGRG.COM.SG

(Phone) +65-96333304

# VEHICLE PARTICULARS

Manufacturer

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

Mercedes

Citan

109

Employment

No - Claiming third party

Commercial vehicle

Manual

1600

## INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

NTUC Income Insurance Co-operative Ltd

5096494366-04

#### DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

YEO KENG SAI S2511113C 14/02/1958 Outdoor



Accident report SN07227I001C

Page 1 of 10

 Date Of Driving Pass
 21/05/1980

 Driving experience
 42 YEARS AND 2 MONTHS

 Gender
 Male

 Mobile Number
 (Phone) +65-96333304

 Alt. Phone Number

 Email Address
 YKS.DON@GMAIL.COM

 Address
 BLK 4 WOODLEIGH LANE #08-13

Address BLK 4 V
Address complement Postcode 357686
Is the driver the policyholder? No

If No, Relationship of the Driver with the Insured
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 - Head to Rear 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

#### PASSENGER 1

Name PASSENGER Gender Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

## CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLS4469M
Vehicle Manufacturer Mazda
Vehicle Model Vehicle Variant -



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

Private car CHAN XIAN HONG, ISAAC S7737268G (Phone) +65-98779423 FRONT PORTION

Accident report SN07227I001C

INCOME	WICHOR	25 K A	ILE.	CENT	PC.E

Report Date & Start Time: 18/07/2022 / 16:56

Report No: MT/

D.O.A: 17/07/2022

Time: 14:00 hrs SKETCH PLAN Vehicle No: GBG9338G Reporting Type:

# IMPORTANT NOTICE

- 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 Actual Driver.
- 3. Information provided must be as Inuthful 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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 envelopesimal 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 the sales and stay firms), which may be sited outside of Singapore, for one or more of the above Purposes.

8 07/22 / 16:56

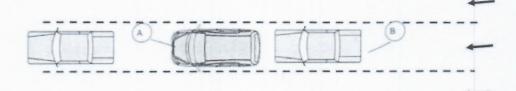
18/07/22 / 16:56

Chen JunLiang

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

Witnessed by Reporting Centre Peronne (Name as in NRIC/ID card)

Sketch Plan



Vehicle A: GBG9338G

Vehicle B: SLS4469M

MY VEHICLE WAS GOING STRAIGHT ON THE CENTRE LANE OF QUEENSWAY. VEHICLES INFRONT OF ME E-BRAKED. I BRAKED AND STOPPED ON TIME. AFTER A FEW SECONDS LATER, VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

#### Declaration

I/We declare the foregoing particulars are true in every respect.



18/07/22 / 16:56

Chen JunLians

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)