ASS	SIGNMENT				
From: Date:	Veh No: GBE 34SE Yr Regn: 2015, August				
Estimated Cost:	Type: M.Car / M.Cycle / Bus (Van) Lorry / Taxi / Prime Mover /				
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
To Inspect Vehicle No:	Make: Toyole Hices c.c 2982				
at Worlshop m/s	Colour Silves A/C: Insured / Std / N/A				
	Sp.Reading 1)3682 T/Radio: Insured / Std / NI / NA				
neurad	Eng/No:				
7. H N.	C/No: KDH 2013018403				
	Gen. Cond: Good / Fair / Poor / Burnt				
Claims No.	-				
Sum Insured: Excess:	Steering (norder) / Jammed / Leaked / Burnt or				
(Client's Record) Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil /S/Rim / STD A/Rim or				
VICINO OI VOIT.	135015				
	10 = 1000				
(Policy Condition) Remark The veh had commenced its N/S O/S	R: (33 R13 C				
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /				
	TOYO/YOKO OF Transway				
Bal. or Market Value: DAC Accident Roort: Consistent?: Yes or No	R/Bal. 06 mm R/Bal. 6 mm				
DAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No	10-1				
	D.O.A. D.O.I. 17/08/22				
Est. Repairs: days Res.: Yes or No Lum Sum: % 3 Val.: Yes or No	11/09/20				
	Survey held at Twin Cor.				
CA / REV / REP. / 24 HRS Vehicle: IN / OU	Des. of Damages : Frt / Rear / O/S (N/S)/ U/C / Rooftop or				
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction					
TP China					
· ·					
mv:					
PV:					
Nett:					
Date/Time, File Pass to? : Prell. Report	Days Of Repair:				
) : Final Report	Resurvey No. of Trip: Survey Fee:				
Date/Time, File Return to?	Transportation:				
)Add Fe					
	: Interview (\$) Photos				
operi Formsi :	: Tech, inve () Other				

SN09228G0006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 16/08/2022 14:26 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (16/08/2022 14:26 (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 Actual 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

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

16/08/2022 14:26 (SGT) Date of Submission Reported by Driver Date of Accident 16/08/2022 08:16 (SGT) **Exact Location of Accident** Singapore Additional Location Information YISHUN AVE 8 B4 JUNC OF YISHUN ST 44 Country/State of Loss

DETAILS OF OWN VEHICLE

GBE345E Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Yes M&T AIR-CON ENGINEERING Name Of Registered Owner Company Reg No 53276124C melvin.limyeokchiang@gmail.com **Email Address** (Phone) +65-90995442 Mobile Phone No. Alternative Phone No

VEHICLE PARTICULARS

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

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMCVSNW00089882104 Policy Number / Cover Note Number

2982

DRIVER

CC

LIM YEOK CHIANG Name of Driver S8781765B NRIC No. Date Of Birth 07/05/1987 Indoor Occupation

Date Of Driving Pass 17/02/2009 Driving experience 13 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-90995442 Alt. Phone Number **Email Address** melvin.limyeokchiang@gmail.com BLK 429B YISHUN AVE 11 Address Address complement #05-360 Postcode 762429 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 Type of Accident Collision - Change/cross lane 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No 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 (MY SIDE CANNOT OPEN) Reasons for not uploading a video of the accident **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberXD294MVehicle Manufacturer-Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryCommercial vehicleName of Driver-



Contact Number	(Phone) +65-86528688
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	A Transport
No. Of Passenger (Including Driver)	The second of th

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM YEOK CHIANG
Gender	Male
Phone No	de color of the latter
Address	to Annual Adjustings
Address Complement	and the second and the second
Post Code	action beat meditor
Approximate Age Years Old	
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	GBE345E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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)

l understand, acknowledge, 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 yars law fires), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Time

CX

AVE

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

Sketch Plan

Yishun St 44

(on the	date 16	, Aug	2022	time.	abint	8-16 a	71
drin	ing mi) com	poury	van	along	Yishu	n Ave	8 .
	Then Si							
ie 10	ine and	cut	into n	ny lan	e and	liss	lorry h	14
ny c	my LH	side i	whole	side.	(fra	to re	ear) a	nd
ny s	ide urs	eros cra	ick a	nd dro	p.			
	1 want	ed to	Settil	after	the in	nprict	1 felt	ms
Jeck	pain -	ind in	5 600	ck gt	rain.			

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnewed by Reporting Centre

Personnel