For surveyor

SS2E22970003 / S & H Motor Pte Ltd ENTRY DATE & TIME: 07/09/2022 13:45 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (07/09/2022 13:45 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 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

Date of Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

07/09/2022 13:45 (SGT)

06/09/2022 11:40 (SGT) Balestier Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Yes

Vehicle Registration Number

GBE9943U

INSURED/POLICYHOLDER

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

MGL Curtain & Furnishing 53045472J may@mgl.com.sg (Phone) +65-90234392

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Variant

Nissan Nv350

Employment

Exact purpose for which vehicle was being used at time of accident

CC

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

No - Claiming third party

Commercial vehicle

Auto 2500

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Tokio Marine Insurance Singapore Ltd MP002322

DRIVER

Name of Driver Work Permit No Date Of Birth Occupation

Aung Ko Thein G5459184K 04/12/1988 Outdoor



11/01/2021 Date Of Driving Pass 1 YEAR AND 8 MONTHS Driving experience Male Gender (Phone) +65-80374525 Mobile Number Alt. Phone Number may@mgl.com.sg **Email Address** 80 Geylang Bahru #01-2622 Address Address complement 339688 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

Type of Accident Side Swipe
Weather Conditions Raining
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) 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

PASSENGER 1

Name unknown Gender Male

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 attached report.

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 XE907Z
Vehicle Manufacturer Volvo
Vehicle Model Vehicle Variant -

Vehicle Colour	*
Vehicle Category	Commercial vehicle
Name of Driver	Mohd Zaini Bin Djuahir
NRIC No	S2532363G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1
o (J

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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 ladgement 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")

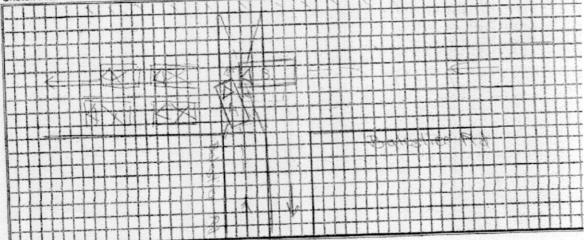
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

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

Sketch Plan



Describe Circumstance of the Accident
I had stopped my ushide at the stop line of
Balestier road junction Ushicles along Balestier Rd (main road) had stopped due to red traffic
Rd (main road) had stopped due to red trollie
light ahead.
When the nellow box was clear I perceited
when the yellow box was clear, I proceed to enter into the yellow box which had stopped behind the yellow box box suddenly more forward into the yellow box of collided onto the front RH of my vehicle
Uch (B) which had storand briling the willow
box suddenly move bornard int the welling
bor & collided onto the first RH of my vehilo
D. C. L. C. L.
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

Witnessed by Reporting Centre Personnel (Name as in NRIC4D card)

2





> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Vehicle Details

Vehicle No.:

Vehicle to be Exported:

Intended Deregistration Date:

Vehicle Make:

Vehicle Model:

Primary Colour:

Manufacturing Year:

Engine No.:

Chassis No.:

Maximum Power Output:

Open Market Value:

Original Registration Date:

First Registration Date: Transfer Count:

Actual ARF Paid:

ACTUAL ARE PAID:

Intended PARF Rebate Details

PARF Eligibility:

PARF Eligibility Expiry Date:

PARF Rebate Amount:

Intended COE Rebate Details

COE Expiry Date:

COE Category:

COE Period(Years):

QP Paid:

COE Rebate Amount:

Total Rebate Amount:

The information contained herein is correct as at 07 Sep 2022

Business

472J

GBE9943U

No

08 Sep 2022

NISSAN

NV350 PANEL VAN 2.5 5AT 5DR EURO V

Brown 2016

YD25393824A

JN1MC2E26Z0006445

\$23,944.00 17 May 2016 17 May 2016

1

\$1,198.00

No

\$0.00

16 May 2026

C - Goods Vehicle & Bus

10

\$43,002.00 \$15,859.00

\$15,859.00