ASS, PLEC. BY:	TAT NINED NITE
Abb	IGNMENT
Fron: Date:	Veh No: GBJ66714. Yr Regn: 2019, July
Estimated Cost:	Type: M.Cár / 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: To jota Dyna c.c 2882
at Workshop m/s	Colour Silves A/C: Insured / Std / NI / NA
of	Sp.Reading 16087 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: JTFAT35Y60K213686.
Claims No.	Gen. Cond. Good Fair / Poor / Burnt
Sum Insured: Excess:	Steering Inorder DJammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veh:	Modi (Nil S/Rim / STD A/Rim or
	Tyre Size: F: 185RIS C Faccoca
(Policy Condition)	R: 155 R12C
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 or
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 0 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.A. D.O.I. DY/10/22
% 3 Val.: Yes or No	Survey held at Twin Ces-
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / QU	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction 77 China -	,
(t sizelita z	
	<u></u>
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 F	≆ e: : Site Insp (\$)s+Rssı
	: Interview (\$) Photos
Report Formet:	: Tear, Impa ->) Others

VEHICLE NO: GBJ 6671 Y MAKE & MODEL: Toyota Dyna

AUTO / MANUAL

DATE OF ACCIDENT	243109 12022 *C.C:
TIME OF ACCIDENT	10:35 (AM) PM
LOCATION OF ACCIDENT	Macpherson rd Torads Bendence rd before Aljania
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE
NAME OF OWNER	Actinium Engineering Ple Lld
EMAIL: WLYEO@ACTINIUM. SG	Office: MOBILE: 9877 1116
NRIC	2011 11 228H
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY
FLEET POLICY:	YES / NO ?
NSURANCE CO.	China Taiping
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	DMCVSNW 00072 192203
NAME OF DRIVER	AS ABOVE / IF NO: Tan Chai Heng
NRIC	311568486
DATE OF BIRTH	11 106 / 1956
ANY PASSENGER	YES / NO:
NAME OF PASSENGER	N. A.
GENDER OF PASSENGE	MALE FEMALE
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	65 / 01 / 1980
GENDER	Male / Female
CONTACT NO.	Mobile: 9178133) Office: Home:
EMAIL:	_
ADDRESS	942 Juran Well Str 91 #02-453 (5) 640942
DOES DRIVER OWN OTHER VEHICLES?	NO Lif yes : Reg No: INSURER:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Ofear / Raining / Other:
ROAD SURFACE	No If yes : Who?
ANY INJURIES CONTACT NO.	Worll yes . Who:
	No lf yes: Where?
POLICE REPORT NOTICE OF INTENDED PROSECUTION GIVEN	
VEHICLE B NO.	GX 8851 Z Any Passenger: N.A.
NAME	Lim Cheow Aik
CONTACT NO.	8133 9313
VEHICLE C NO.	GBF 4796 E Any Passenger: (m)
VEHICLE D NO.	Any Passenger :
VEHICLE E NO.	Any Passenger :
VEHICLE F NO.	Any Passenger :
ANY WITNESS	
WITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE?	YES (NO
WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED	
SCENE ACCIDENT PHOTOS TAKEN?	(YES) NO
**WORKSHOP:	Touche A. C. C. Ol. 111
lear portion	TWINCAR Antomotive Ple Ltd
Have you been approach by unknown p	person soliciting (s) /
offering accident claims assistance?	YES INO

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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' 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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

river's Signature (If driver is not the policyholder) / Date Time	Witnessed by Reporting Centre Personnel		
10. as Dro Jin muhibhah)			
(19/2 etab Obh 214 manifolding			
	A - GBJ 6671Y		
2 10 10 10 10 10 10 10 10 10 10 10 10 10	B-GX 8851Z		
	C-48F4796F		
	(Bus stop Opp Jin muhibbah)		

Descr	ibe Circ	umstanc	es of the	Accident	t									
As	per	above	dela	and	time	I	Was	do	iving	GBJ	6671	Y	glong	
and the same of th	herson	rd	tor	ands	Be	rdom	eor	rd	0	the	e c	enter	Tan	e .
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Dec	laration	1												

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

ACTINIUM ENGINEERING PTE LTD 27D Loyang Crescent, Blk 104C, TOPS Ave 1, Loyang Offshore Supply Base, Singapore 506823 Tel: 6789 9888 Fax: 6789 2322

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel