Type: M.Car / M.Cycle / Bus / Van Augrity / Taxil / Prime Mover / Truck / Trailer or  Truck / Trailer or  Miske: Him X2 47 (oR to 409  Acc: Insured / Std / Ni / NA  Sp. Reading 27679 Tradio: Insured / Std / Ni / Na  Sp. Reading 27679 Tradio: Insured / Std / Ni / Na  Sp. Reading 27679 Tradio: Insured / Std / Ni / Na  Sp. Reading 27679 Tradio: Insured / Std / Ni / Na  Sp. Reading 27679 Tradio: Insured / Std / Ni / Na  Tradio: Insured / Std / Ni / Na  Tradio: Insu	ASS, REG. BY:			
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Truck   Trailer or Make:	From: Date:	Veh No: YN 7846	Yr Regn: 2015 1800/	
To inspect Vehicle No:  at Workshop m/s  at Report part of Workshop m/s  at Workshop m/s  a	Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van K	Lorry / Taxi / Prime Mover /	
Act   Fees to    Colour   Action   Final Report    Colour   Action   Action   Final Report    Colour   Action   Action   Action    Colour   Action   Action   Action    Colour   Action   Action   Action    Colour   Action   Action   Action    Colour   Action   Actio	OD / TP / WS / TP RES / OD RES / EVA / INV / MV			
Sp.Reading 276792 T/Radio: Insured / Std / N1 / NA Insured: Sp.Reading 276792 T/Radio: Insured / Std / N1 / N	To Inspect Vehicle No:			
Eng/No:   C/No:   J   H   UC   3   H   70   K   0   2   4   4	at Workshop m/s		A/C: Insured / Std / NI / NA	
College No.  Claims No.  Sum fissured:  College Second Seat / Poor / Burnt  Steering: Inorder / Jammed / Leaked / Burnt or  Brake: Inorder / Jammed / Leaked / Burnt or  Modi: Nill / SRIm / STD ArRim or  Tyre Size: F: 7 0 0 R 16 C  R: 7 0 0 R 16 C  Bs / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  TOYO / YOKO or  College Seat Resi: Yes or No  Consistent? : Yes or No  Cal / REV / REP. / 24 HRS  Date: Person Contacted:  Person Contact	of	Sp.Reading 276792	T/Radio: Insured / Std / NI / NA	
Cleams No.   Gen. Conf. Good / Fair / Poor / Burnt	Insured:			
Steering: Light Record)  Make of Veh:  (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its pection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Remark: The veh had commenced its repair at the time of inspection.  Resurvey had at Refer 1 Jammed / Leaked / Burnt or Tyre Size: F: 7 Q R R C C  R: 7 Q R R C C	Policy No.	C/No: JHHUCS	31470K012461	
Brake:	Claims No.	Gen. Cond: Good/Fair / Poor / Bu	rnt	
Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Sal. or Market Value:  (DAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: % 3 Val.: Yes or No Lum Sum: % 3 Val.: Yes or No Date: Person Contacted: IN / OUT  Date / Time Action / Instruction  The UIC / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  The UIC / Chassis frame / Body Structure affected due to collision.  Date / Time Resum str.  Articl Feee: Site In 20 (Site In 20 (Sit	Sum Insured: Excess:	Steering: Inorder / Jammed / Leake	ed / Burnt or	
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Sal. or Market Value:  DAC Accident Rport:  Consistent? : Yes or No  GIA / PR Seen:  Consistent? : Yes or No  CSIA / PR Seen:  Consistent? : Yes or No  CSIA / PR Seen:  Consistent? : Yes or No  CSIA / PR Seen:  Consistent? : Yes or No  CSIA / PR Seen:  Consistent? : Yes or No  CSIA / PR Seen:  Consistent? : Yes or No  CSIA / PR Seen:  Consistent? : Yes or No  CSIA / PR Seen:  Consistent? : Yes or No  CSIA / PR Seen:  Consistent? : Yes or No  D.O.A.  CO.A.  CSurvey held at  Des. of Damages : Frt / Rear / OIS / NIS / UIC / Rooftop or  The UIC / Chassis frame / Body Structure affected due to collision.  Date / Time  Action / Instruction  TP Bruget  Days Of Repair:  Resurvey No. of Trip:  Transportation:  Date / Time, File Return (o?)  Acticl Fee:  Site Inso (\$ ) SHRS_SI  Interview (\$ ) Intervie	(Client's Record)	Brake: Inorder / Jammed / Leake	ed / Burnt or	
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: Interview (\$ ) Photos		add Fee T. Site Inco (3)		
	Fierort Fornest:			

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## Accident Reporting Draft

VEHICLE NO: YN7846K

MODEL: HINO XZU710R



DATE OF ACCIDENT	27/10/2022 C.C: 4,009	
TIME OF ACCIDENT	0850 HRS AM/PM	
LOCATION OF ACCIDENT	AYE CORPORATION ROAD EXIT	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT DEWATE USE PRIVATE HIRE	
LAACT ON OSL OSC OSC OSC	A	
NAME OF OWNER	PACIFIC-KSH COMPANY PTE. LTD.	
CONTACT NO.	86717822 (D) EMAIL: yvette@pacificksh.com.sg	
	200200685H	
NRIC CLAIM TYPE	OD / THIRD PARTY /: REPORTING ONLY 3P	
	ERGO	
INSURANCE CO.	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT	
TYPE OF COVERAGE		
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF NO: THENNARASU ANBARASAN	
NRIC	G5178811M ANY PASSENGER: 0	
DATE OF BIRTH	12/1/1986	
OCCUPATION	OUTDOOR / INDOOR	
DATE OF DRIVING PASS	1/6/2020	
GENDER	MALE / FEMALE	
CONTACT NO.	86717822 (D) EMAIL: yvette@pacificksh.com.sg	
ADDRESS	53 UBI AVENUE 1 #01-30 PAYA UBI INDUSTRIAL PARK S(408934)	
DOES DRIVER OWN OTHER VEHICLES	NQL IF YES: REG NO.	
	EMPLOYEE/JIF NO:	
RELATIONSHIP	CLEAR / RAINY/ OTHER: CLEAR	
WEATHER CONDITION		
ROAD SURFACE	DRY / WET / OTHER: DRY	
ANY INJURIES	NO / IF YES: YES - DRIVER (THENNARASU ANBARASAN) (M)	
CONTACT NO.	The use	
POLICE REPORT	NO DIF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING		
AUDIO RECORDING	Secret Horolof	
VEHICLE B NO.	SMQ1859P ANY PASSENGER:	
NAME		
CONTACT NO.		
VEHICLE C NO.	ANY PASSENGER:	
VEHICLE D NO.	ANY PASSENGER:	
VEHICLE E NO.	ANY PASSENGER:	
VEHICLE F NO.	ANY PASSENGER:	
ANY WITNESS		
WITNESS CONTACT NO.		
PARTICULAR WORKSHOP	Application of the Control of the Co	
MOBILE NO.	RUCE Auto Pte Ltd	
CONTACT PERSON	Auto Pte Ltd	
	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,	
FAX NO.  HAVE YOU BEEN APPROACHED BY  UNKNOWN PERSON SOLICITING(S)/  OFFERING ACCIDENT CLAIMS	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277	

NO / YES

ASSISTANCE?

PMOTO - 27 (10 (ECIDIM) STARP

## 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)

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.

Policyholder's Signature / Date &

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AYE CORPORATION ROAD EXIT

YN7846K SMQ1859P

BA

WAS TRAVELLING ALONG AYE CORPORATION ROAD EXIT. I WAS TRAVELLING STRAIGHT AHEAD ON MY LANE. SUDDENLY, VEHICLE B REAR-ENDED MY VEHICLE.		
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	And the state of t	
	Anna Andrew At 1995 - A District Control of Manhades of Missage Control of States and Co	
communications and part of the Research of the		
eclaration		
Ve declare the foregoing particulars are true in every respect.		
	fourtoon (14) days aloues wherehy th	
you wish to claim against your own policy, please be advised that your insurer may have a ust be made within the stipplated timeframe from the day of occurrence. Kindly check with	rounteen ( may be used write buy th	

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Pate & Time