| | ASS | IGNMENT |
|--|--|--|
| | Cotes | Veh No: CB6433Z Yr Regn: 2009/ July |
| FOITH: | Date: | Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / |
| Estimated Cost: | | Truck/Trailer or Mini Bus. |
| | OD RES / EVA / INV / MV | |
| To Inspect Vehicle No: | | Make: Toyota Coustes c.c 4009 |
| t Workshop m/s | | Colour Silves A/C: Insured / Std / NI / NA |
| | | Sp.Reading 347889, T/Radio: Insured / Std / NI / NA |
| nsured: | | Eng/No: |
| Policy No. | | C/No: 17GFC538303000365 |
| Claims No. | | Gen. Cond Good) Fair / Poor / Burnt |
| Sum Insured: | Excess: | Steering: Norder / Jammed / Leaked / Burnt or |
| (Client's Record) | | Brake: Inorder Jammed / Leaked / Burnt or |
| Make of Veh: | | Modí: Nil / S/Rim / STD A/Rim or |
| | | Tyre Size: F: 7-0.0 R/6 |
| (Policy Condition) | | R: 7.00 R/6. |
| Remark: The veh had co | | BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / |
| repair at the tir | me of inspection. | TOYO / YOKO or 67. |
| Bal. or Market Value: | | Front O Rear |
| IDAC Accident Rport: Consistent? : Yes or No | | R/Bal. 06 mm R/Bal. 06 mr |
| GIA / PR Seen: Consistent? : Yes or No | | L/Bal. 06 mm L/Bal. 06 mr |
| Est. Repairs: | days Res.: Yes or No | D.O.A. D.O.I. 1912 22 |
| .um Sum: | % 3 Val.: Yes or No | Survey held at Twin Cas. |
| CA / REV / REP. | / 24 HRS | Des. of Damages: Frb / Rear / O/S / N/S / U/C / Rooftop or |
| Date: P | Vehicle: IN / OUT erson Contacted: | |
| | / Instruction | The U/C / Chassis frame / Body Structure affected due to collision |
| TP ACION | | |
| | The state of the s | |
| | , | |
| mv | | |
| PV: | | |
| Nett: | | |
| | | |
| | | |
| | | |
| ate/Time, File Pass to? | : Preli. Report | Days Of Repair: |
| | : Preli. Report | Days Of Repair: Resurvey No. of Trin: Survey Fee: |
| vate/Time, File Pass to? | : Preli. Report : Final Report | Days Of Repair: Resurvey No. of Trip: Survey Fee: Transportation: |
|) | Commence of the Commence of th | Resurvey No. of Trip: Survey Fee: Transportation: |

* Leonin Francis & B De Co / Co



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

3. Information provided must be as ituitiful and accorded as possible for 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

28/10/2022 12:17 (SGT) Date of Submission Reported by 28/10/2022 08:25 (SGT) Date of Accident Exact Location of Accident Singapore JUNCTION BETWEEN KOVAN ROAD & FLOWER ROAD Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

CB6433Z Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? Name Of Registered Owner TAN SIEW GIM S1161443D NRIC No siewgim.tan@gmail.com Email Address (Phone) +65-92973052 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Coaster Model 19 SEATER Employment

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Commercial vehicle Vehicle Category Manual

Transmission CC

INSURANCE COMPANY

China Taiping Insurance (Singapore) Pte. Ltd. Name of Insurance Company DMB1SNW00000402200 Policy Number / Cover Note Number

4009

DRIVER

TAN SIEW GIM Name of Driver S1161443D NRIC No 29/10/1955 Date Of Birth Outdoor Occupation

| Date Of Driving Pass | 05/08/1977 |
|--|-------------------------------------|
| Driving experience | 45 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92973052 |
| Alt. Phone Number | (1 Holle) 103-32373032 |
| Email Address | siewgim.tan@gmail.com |
| Address | BLK 332 HOUGANG AVENUE 5 #09-216 |
| Address complement | |
| Postcode | 530332 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | Yes |
| Vehicle Registration Number of Other Vehicle Owned by Driver | 163 |
| | CB8292A |
| Insurance Company of Other Vehicle Owned by Driver | Income Insurance Limited |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident | Collision Major/Miner Dd |
| Weather Conditions | Collision - Major/Minor Rd Clear |
| Road Surface | Dry |
| | Ыу |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? | Ale |
| Number of vehicles involved in the accident | No |
| Was anybody injured in the Accident? | 2 |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | - Yes |
| Number of Passengers (Including Driver) | 4 |
| Has the driver been approached by unknown person(s) | 4 |
| soliciting/offering accident claims assistance? | No |
| Translator's name | - |
| Translator's ID | |
| Translator's phone number | |
| Translator's email | ¥1 |
| Original language used in the statement | - |
| PASSENGER 1 | |
| Name | CTUDENT |
| Gender | STUDENT |
| | Male |
| PASSENGER 2 | |
| Name | CTUDENT |
| Gender | STUDENT |
| dollar. | Female |
| PASSENGER 3 | |
| Name | WORKER |
| Gender | Female |
| DETAILS OF POLICE ACTION | |
| DETAILS OF POLICE ACTION | |
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No No |
| If yes, against whom? | No |
| , , | |
| CIRCLIMSTANCES OF ACCIDENT | |
| CIRCUMSTANCES OF ACCIDENT | |

CIRCUMSTANCES OF ACCIDENT

I was driving straight along Kovan Road. Vehicle B driving along Kovan road from opposite direction turning right into flower road. As result, i hit vehicle B's front LH portion. After which, i came out from my vehicle, i found that vehicle B had turned into flower road was against traffic.

ATTACHMENT(S)

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

| Vehicle Registration Number | SMP4113T |
|---|---------------------------|
| Vehicle Manufacturer | Seat |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | E |
| Vehicle Category | Private car |
| Name of Driver | LAU YUNKANG (LIU YUNKANG) |
| NRIC No | S8124735H |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 2 |
| PASSENGER 1 | |
| Name | CHILD |
| Gender | Male |
| | |

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 Actual 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

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)

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")

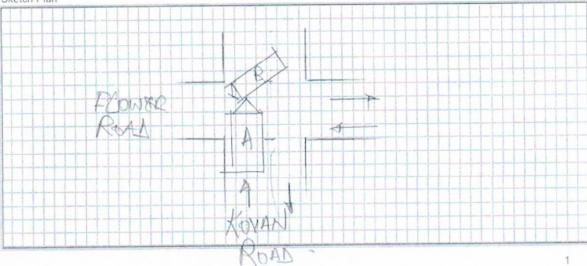
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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





| Describe Circumstance of the Accident |
|---|
| 1 WAS DRIVING SPAIGHT ACONG KOWAN ROAD. |
| VEHICLE & DRIVED ALOND KOVAN ROAD FROM OFFORITE |
| DIRECTION TURNING RIGHT MIS FLOWER AGAS. |
| AS I REQUET. I HIT VEHICLE B'S PRONT LY BORTION |
| APTER WHICH I CAME QUI FROM MY VEHICLE, I |
| FOUND THAT VEHICLE B HAS TURNED INTO THE |
| PLOWER AGAIN & WAS AGAINN & TRAPPIC. |
| |
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| |

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

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