ASSIGNMENT From: Standard Cost Standard Standard Nation Standard St	ASS. REC. BY:	, Q
Front: Estimated Cost: COLDET Not IT RES LOO RES LEVAL RRY LMV To thouged Validae No.: at Workshop mis of Insured: Insured: Policy No. Color M. J.	Kenneth ASS	IGNMENT
Truck Truller or To inspect Vehicle Note at Workshop m/s of at Worksh		
To larged visible live at Workshop mis of at Workshop mis of of Claims Na. Sum insured: Claims Na. Sum insured: Claims Na. Sum insured: (Claims Na. (Claims Na. Sum insured: State Repairs: (Claims Na. Sum insured: (Claims Na. Sum insured: State Repairs: (Cond insured: Sum in or Tyre State: Fig. Insured: Na. State Insured: Sum in or Tyre State: Fig. Insured: Na. State Insured: Sum in or Tyre State: Fig. Insured: Na. State Insured: Sum in or Tyre State: Fig. Insured: Na. State Insured: Sum in or Tovol Yoko or Fig. Insured: Na. State Insured: Sum in or Tovol Yoko or Fig. Insured: Na. State Insured: Sum in or Tyre State: Fig. Insured: Na. State Insured: Sum in or Tovol Yoko or Fig. Insured: Na. State Insured: Na.	Estimated Oost	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi) Prime Mover /
at Workshop m/s of of Insured: Insured: Insured: Policy No. Colaire No. Claime No. Cond. geody Insured Leaked I Burnt or No. Since Insured: Cond. geody Insured Leaked I Burnt or No. Cond. geody Insured Leaked	OD TP WS TP RES OD RES FEVA INV MY	Truck / Trailer or
at Workshop mis of		Make: Report / atitude so 1885
Sp. Reaching 3 1 3 3 3 3 3 3 3 3	at Workshop m/s Trans Cab	
Insured: Poky No. Claims No. Claims No. Claims No. Claims No. Claims No. Sum insured: Excess: Client's Record) Mass of Veh: Excess: Client's Record) Mass of Veh: Mass of V	of	
Policy No. Ctains No. Sum Insured: (Clent's Record) (Make of Veh: (Clent's Record) (Make of Veh: (Policy Condition) Plannart: The veh had commenced its repair at the time of Inspection. Bal. or Mander Value: (DAC Accident Roort: Consistent?: Yes or No GA / PR Seen: Consistent?: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Consistent? Vehicle: IN / OUT Date / Time Action / Instruction Consistent? Consistent? Vehicle: IN / OUT Date / Time Action / Instruction Consistent? Consistent? Consistent?: Yes or No CA / REV / REP. / 24 HRS Consistent? Consistent? Vehicle: IN / OUT Date / Time Action / Instruction Consistent? Consistent of Search Record Consistent? Consistent of Search Record Consistent	Insured:	O O O O O O O O O O O O O O O O O O O
Clairle No. Sum instruct: Sum		
Sum insured: Claim is Record Masso of Valt: Policy Condition Ramark: The veh had commenced its repair at the time of inspection. Bal, or Market Value: IDAC Accident Report Consistent?: Yea or No GIA / PR Sean:	Claims No.	
Clear's Record Make of Veh: Make of Vehicle in	Sum Insured: Excess:	
Mod: @II SRRIM STO ARIM or Tyre Store P: 2/5/60R/6 Remark: The veh had commenced its repair of the time of inspection. Bail or Market Value: IDAC Accident Root: Consistent?: Yea or No GIA / PR Sean: Consistent?: Yea or No Lum Sum: 20 % a 3 Val.: Yea or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction COT Bail Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Countries, Fie Pass to? Profil. Report Days Of Repair: Doug/Time, Pie Return to? Add Fee: Site Insp (\$ Survey Fee: Interview (\$), Fin M. Report Format: Tech Invs (\$), Fin M. Report Format: Tech Invs (\$), Fin M. Tech Invs (\$), Fin M.	(Client's Record)	2000 4901
Tyre Stare F: 215 GoR IS		
R: R: Remark: The veh had commenced its repair at the time of Inspection. Bat or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: CA / REV / REP. / 24 HRS Date / Time Action / Instruction Consistent?: Vehicle: IN / OUT Date / Time Action / Instruction Consistent?: Yes or No Date / Time Action / Instruction Consistent		
Romark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action (Instruction Consistent) Date / Time Action (Instruction Date / Time, File Return to? Add Fee: Site insp (\$	(Policy Condition)	
repair at the time of inspection. Bail or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No I: Est. Repairs: Oy days Res.: Yes or No I: Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Wehicle: IN / OUT Date / Time		
Bal. or Market Value: IDAC Accident Root: Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Lum Sum: 20 % 3 Val.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Consistent? : Yes or No Consistent : Yes or N		3
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No I. Est. Repairs: Of days Res.: Yes or No I. Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Wehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction CONSTITUTE, File Pass to? I. Prell. Report Days Of Repair: I. Constitution Consistent?: Yes or No Lum Sum: Doub. I 3 / 3 / 2 / 2 / 4 Survey held at Des. of Damages: Frt / Rest/ 10/S / NIS / UIC / Roditop or The UIC / Chasals frame / Body Structure affected due to collision. Constitution Resurvey No. of Trip: Survey Fee: Describe, File Return to? Add Fee: Site insp (\$		TOYO/YOKO or /G/Min
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction COT B2 Discording File Pass to? Prell. Report Days Of Repair: Contacted: Person Contacted: Person Contacted: See Instruction Preliments of the Pass to? Prell. Report Press to? Survey Fee: Instruction Pressurvey No. of Trip: Survey Fee: Instruction Pressurvey No. of Trip: Survey Fee: Interview (\$), Fig. 24 Add Fee: Site Insp (\$), Fig. 24 Report Format: Tech Invs (\$), Fig. 24 Tech Invs (\$), Fig. 24 DOLL / Interview (\$), Fig. 24 Tech Invs (\$), Fig. 24 DOLL / Interview (\$), Fig. 24 Tech Invs (\$), Fig. 24 Double Interview (\$), Fig. 24 Tech Invs (\$), Fig. 24 Double Interview (\$), Fig. 24 Tech Invs (\$), Fig. 24 Tech Invs (\$), Fig. 24 Double Interview (\$), Fig. 24 Tech Invs	the state of the s	Front D Rear
Est. Repairs: Of days Res.: Yes or No Lum Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time	IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 0 mm 'R/Bal. 6 mm
Lum Sum: Date Person Contacted: Description Date The U/C / Chassis frame / Body Structure affected due to collision.	GIA / PR Seen: Consistent?: Yes or No	L/Bal. / mm L/Bal. / mm
CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction COT RT Date/Time, File Pass to? : Prell. Report : Final Report : Final Report : Site Insp (\$) _ s-RS_SI : Interview (\$) , Fracks . Site Invs (\$) Others Report Format : Tech Invs (\$) Others	Est. Repairs: 04 days Res.: Yes or No	D.O.A. 12/8/24 D.O.I. 13/8/2024
Date Person Contacted: Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction The U/C / Chassis frame / Body Structural affected due to collision.	Lum Sum: 20 % 3 Val.: Yes or No	
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action Instruction		
Date / Time Action / Instruction Corr B Corr B Date / Time Action / Instruction Corr B Date / Time Preli Report Days Of Repair: Days Of Repair: Survey Fee: Corr		Des. of Damages : Fit I Rear I OIS I NIS I UIC I Roottop of
Date / Time Action / Instruction		The IIIO I Observe Francisco III and I
Date/Time, File Pass to? Prell. Report Days Of Repair:		The O/C / Chassis frame / Body Structure affected due to collision.
Dotto/Time, File Pass to? Preli. Report Days Of Repair:		
Data/Time, File Pass to? Prell. Report Days Of Repair: Survey Fee: Duta/Time, File Return to? Add Fee: Site Insp (\$) _s + Rs_SI Interview (\$), File 198 Report Format: Tech Invs (\$) Others	007 60	
Data/Time, File Pass to? Prell. Report Days Of Repair: Survey Fee: Duta/Time, File Return to? Add Fee: Site Insp (\$) _s + Rs_SI Interview (\$), File 198 Report Format: Tech Invs (\$) Others		
Data/Time, File Pass to? Prell. Report Days Of Repair: Survey Fee: Duta/Time, File Return to? Add Fee: Site Insp (\$) _s + Rs_SI Interview (\$), File 198 Report Format: Tech Invs (\$) Others	The state of the s	a tradit de l'autorité de l'autorité de la la production de la production de la
Data/Time, File Pass to? Prell. Report Days Of Repair: Survey Fee: Duta/Time, File Return to? Add Fee: Site Insp (\$) _s + Rs_SI Interview (\$), File 198 Report Format: Tech Invs (\$) Others	The second secon	
Survey Fee: Site Insp (\$) _ s + RS SI Site Insp (\$) _ Finish Report Format : Tech Invs (\$) Others	R	
Survey Fee: Site Insp (\$) _ s + RS SI Site Insp (\$) _ Finish Report Format : Tech Invs (\$) Others	11.	
Survey Fee: Site Insp (\$) _ s + RS SI Site Insp (\$) _ Finish Report Format : Tech Invs (\$) Others		The state of the s
Survey Fee: Site Insp (\$) _ s + RS SI Site Insp (\$) _ Finish Report Format : Tech Invs (\$) Others		terren de la companya del companya de la companya del companya de la companya del la companya de
Survey Fee: Site Insp (\$) _ s + RS SI Site Insp (\$) _ Finish Report Format : Tech Invs (\$) Others	The second of th	the designate discount activates to make your management designation of the property of the property of the second
Survey Fee: Survey Fee:	Oato/Time, File Pass to? Preli. Report D	avs Of Repair:
Outo/Time, File Return to? Add Fee: : Site Insp (\$) _ s + RSSI : Interview (\$), Fig. 38 Report Format : Tech Invs (\$) Others		
Add Fee: : Site Insp (\$) _ s + RS _ SI : Interview (\$), Fights Report Format : Tech Invs (\$) Others	the same and the same same same same same same same sam	BSUIVEY NO. Of Trip: Survey Fee:
Report Format: Tech Invs (\$), Finish Others		Transportation:
Report Format:	7 Add Fee:	: Site Insp (\$)_s+Rs_si
Report Format:		and the same of th
1 Our 11 D to (0	Distriction.	The second secon
Lump Sum / I.B.I: (S)	κepoπ Format :	. Tech Invs (\$), Others
	Lump Sum / I.B.I: (S	Weekend (\$
	and the second of the second o	

Not Motheries

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel Nc Fax No.: 62571330 CO./ GST Reg. No. 201019626G

SHD829K

Vehicle No.:

Chassis No.:

Co UEN.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registriation:

1 3 AUG 2024

SHD829K

AAD2408-039

VF1ABL15AUC283425

200303878K

RENAULT

LATITUDE

12/8/2024

PC1991C/China.

29/12/2017

PART

LIST

		C-01
1	BUMPER COVER REAR	\$ CM 561.70
1	BUMPER BRACKET CTR REAR	\$ % 98.10 X
1	BUMPER BRACKET SIDE LH REAR	\$ % 80.80 \$
1	BUMPER BRACKET SIDE RH REAR	\$ 12 900 82.10
1	BUMPER RETAINER LH REAR	\$ 120 X
1	BUMPER RETAINER RH REAR	\$ 10,7 59.80
1	BUMPER LOWER REAR	\$ Bu 411.90 —
1		\$ 7 547.80 X
1		\$ 50 114.50 X
1	BUMPER BEAM BRACKET RH REAR	\$ 114.50 X
1	BUMPER REFLECTOR LH	\$ Fine 16.60 X
1	BUMPER REFLECTOR RH	\$ 16.60 X
1	BOOT REFLECTOR LAMP LH	\$ \$ 277.70 X
1	BOOT REFLECTOR LAMP RH	\$ h 277.70 K
1	TAILLAMP LH	\$ 1 401.40 X
1	TAILLAMP RH	\$ CM 401.40
1	FENDER PANEL REAR RH	\$ / 1,933.20 /
1	WHEELARCH REAR RH	\$ f 275.40 <u>{</u>
1	OUTER PANEL REAR (End Panel)	\$ 1745.80 🔾
	OUTER PANEL REAR (End Panel) TRIM	\$ 🔑 404.56 X
1	SPARE WHEEL PANEL	\$ 1,229.40 X
1		\$ 1,263.60 X
1	EXHAUST REAR	\$ P4 1,677.20
1	BOOT REAR	
1	BOOT FINISHER	\$ 16 344.70 X
1	BOOT LOCK	\$ 7 246.60 <u>X</u>
1	BOOT WEATHERSTRIP	\$ 178.20 ×
1	BOOT STRUT LH	\$

Trans-cab Auto Services Pte Ltd No. 2 Ang Mo Kio Street 63 Singapore 569111 Tel Nc Fax No.: 62571330 CO./ GST Reg. No. 201019626G SHD829K	AAD2408-03	39
1 BOOT STRUT RH	\$ 50	145.10 🗶
1 BOOT HINGE LH	\$ 1	254.20 🗴
1 BOOT HINGE RH	\$ n	254.20 1
1 BOOT BADGE 'RENAULT'	\$ ne	
1 BOOT BADGE	s Na	95.80
		16,792.26
	10% \$	1,679.23
		15,113.03
SPECIAL NETT 1SET PARKING AID	, f	د 700.00 X
1 REAR BUMPER CLIP	•	65.00 M
1 REAR BUMPER CLIP 1 REAR LH BUMPER RETAINER CLIP	T	~ 65.00 √
1 REAR RH BUMPER RETAINER CLIP		√~ 65.00 ⊀
1 REAR TAIL LAMP CLIP		65.00 X
1 END PANEL INNER TRIM CLIP	T	
1 REAR BUMPER PROTECTOR		180.00 <i>3011</i>
2 WINDSCREEN SEALANT	T	へ 150.00 X
1 WINDSCREEN MOULDING		~ 200.00 \
1 WINDSCREEN INNER SPONGE SEAL	·	~ 130.00 X
	5	
1 WINDSCREEN HAVER STONGE SEAL		
1 WINDSCREEN INVERSIONSE SEAL	TOTAL \$	1,680.00
1 WINDSCREEN INVERSIONSE SEAL		
LABOUR	TOTAL \$	1,680.00
	TOTAL \$	1,680.00
LABOUR	TOTAL \$ TOTAL PARTS \$	1,680.00 16,793.03
LABOUR To rust-proofing of the affected areas. Putty and spray painting of the affected portion	TOTAL \$ TOTAL PARTS \$ \$ on. \$	1,680.00 16,793.03 600.00 <i>3</i>
LABOUR To rust-proofing of the affected areas. Putty and spray painting of the affected portion Panel beating, knocking and straightening the	TOTAL \$ TOTAL PARTS \$ son. \$	1,680.00 16,793.03 600.00 <i>3</i>
LABOUR To rust-proofing of the affected areas. Putty and spray painting of the affected portion Panel beating, knocking and straightening the portion, remove and renewal of parts, adjust a	TOTAL \$ TOTAL PARTS \$ son. \$ e necessary and realign the	1,680.00 16,793.03 600.00 301 1,200.00 6601
LABOUR To rust-proofing of the affected areas. Putty and spray painting of the affected portion Panel beating, knocking and straightening the	TOTAL \$ TOTAL PARTS \$ son. \$	1,680.00 16,793.03 600.00 <i>3</i>
LABOUR To rust-proofing of the affected areas. Putty and spray painting of the affected portion Panel beating, knocking and straightening the portion, remove and renewal of parts, adjust a same	TOTAL \$ TOTAL PARTS \$ on. \$ e necessary and realign the \$	1,680.00 16,793.03 600.00 301 1,200.00 6601
LABOUR To rust-proofing of the affected areas. Putty and spray painting of the affected portion Panel beating, knocking and straightening the portion, remove and renewal of parts, adjust a same To transfer of tailgate fittings and conduct was	TOTAL \$ TOTAL PARTS \$ Son. \$ e necessary and realign the \$ ter seepage	1,680.00 16,793.03 600.00 301 1,200.00 6601 2,000.00 5001
LABOUR To rust-proofing of the affected areas. Putty and spray painting of the affected portion Panel beating, knocking and straightening the portion, remove and renewal of parts, adjust a same	TOTAL \$ TOTAL PARTS \$ on. \$ e necessary and realign the \$	1,680.00 16,793.03 600.00 301 1,200.00 6601
LABOUR To rust-proofing of the affected areas. Putty and spray painting of the affected portion Panel beating, knocking and straightening the portion, remove and renewal of parts, adjust a same To transfer of tailgate fittings and conduct was test.	TOTAL \$ TOTAL PARTS \$ \$ on. \$ e necessary and realign the \$ ter seepage \$	1,680.00 16,793.03 600.00 301 1,200.00 6601 2,000.00 5001
LABOUR To rust-proofing of the affected areas. Putty and spray painting of the affected portion Panel beating, knocking and straightening the portion, remove and renewal of parts, adjust a same To transfer of tailgate fittings and conduct was test. To remove and refit interior fittings, trimings,	TOTAL \$ TOTAL PARTS \$ son. \$ e necessary and realign the \$ ter seepage \$ garnish,	1,680.00 16,793.03 600.00 301 1,200.00 6601 2,000.00 5001
LABOUR To rust-proofing of the affected areas. Putty and spray painting of the affected portion Panel beating, knocking and straightening the portion, remove and renewal of parts, adjust a same To transfer of tailgate fittings and conduct was test.	TOTAL \$ TOTAL PARTS \$ \$ on. \$ e necessary and realign the \$ ter seepage \$	1,680.00 16,793.03 600.00 301 1,200.00 6601 2,000.00 5001
LABOUR To rust-proofing of the affected areas. Putty and spray painting of the affected portion Panel beating, knocking and straightening the portion, remove and renewal of parts, adjust a same To transfer of tailgate fittings and conduct was test. To remove and refit interior fittings, trimings, fittings and other, to enable repair.	TOTAL \$ TOTAL PARTS \$ \$ on. \$ e necessary and realign the \$ ter seepage \$ garnish, \$	1,680.00 16,793.03 600.00 301 1,200.00 6601 2,000.00 5001
LABOUR To rust-proofing of the affected areas. Putty and spray painting of the affected portion Panel beating, knocking and straightening the portion, remove and renewal of parts, adjust a same To transfer of tailgate fittings and conduct was test. To remove and refit interior fittings, trimings,	TOTAL \$ TOTAL PARTS \$ son. \$ e necessary and realign the \$ ter seepage \$ garnish,	1,680.00 16,793.03 600.00 301 1,200.00 6601 2,000.00 5001

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel Nc Fax No. : 62571330

CO./ GST Reg. No. 201019626G

SHD829K

To check steering geometry and computer wheel alignment \$ \times_{\infty} 220.00 \times_{\infty}

To Transfer Of Fender Fittings, Attachments And Perform

Water Seepage Test. \$ \times_{\infty} 170.00 \times_{\infty}

TOTAL \$ \times_{\infty} 4,910.00 \times_{\infty}

OVERALL TOTAL \$ \times_{\infty} 21,703.03 \times_{\infty}

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis

AAD2408-039

- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed <u>and</u> is subject to final approval from Insurance Company

Acknowledged by Repairer Signature:

Date:

G 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 <u>completed by the Policyholder and/or the Actual Driver</u>
- 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

- Information provided must be as additional and described and provided must be as additional and described and policy liability.
 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 Police for investigation.
 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.
 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 First Submission 12/08/2024 14:07 (SGT) Reported by **Actual Driver Date of Accident** 12/08/2024 09:00 (SGT) Exact Location of Accident Singapore Additional Location Information CTE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

OTHERS

Vehicle Registration Number SHD829K

INSURED/POLICYHOLDER

Is company? TRANS-CAB SERVICES PTE. LTD Name Of Registered Owner 200303878K Company Reg No CLAIMS@TRANSCAB.COM.SG Email Address (Phone) +65-65552222 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

OTHERS Model 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 your vehicle? Vehicle Category Taxi Transmission Auto cc 1995 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Income Insurance Limited Name of Insurance Company Policy Number / Cover Note Number 5140725663-01

DRIVER



SKETCH PLAN

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 withholding of material facts may allow
- 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 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' 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;

Sketch Plan

- (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 & Time 12/08/2024

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

14:00





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999 2 of 3 Report No. T/20240812/2036

CONTINUATION OF REPORT

Driver	The state of the s	THE PARTY NAMED IN				Prince Acquiring
Name	(motor cary		ID No. Contact No. Class of Driving Licence & Expiry		S1159154Z 81281424 Class: 3 Date of Expiry: NIL	
Related Vehicle						
Hospital/Clinic						
Date Treatment	12/08/2024	ASSESSED AND ADDRESS OF THE PARTY OF THE PAR	Date D	ischarge	NIL	Publication State of the Control of
No. of Days grant	ed Medical Leave	05	Degree		Sligh	nt and a second

Brief Details.

On 12/08/2024 around 9am, I was driving Transcab Taxi bearing registration plate number SHD829K along CTE and was driving in the middle lane.

As the car ahead of me had slowed down, I did the same and also slowed down. However all of a sudden, a van bearing registration plate number SHD829K hit the rear side of my vehicle. The contact number of the van driver is as follows, Johnny (HP 91192885) PC 1991 C

This resulted in damages to my taxi to the rear bumper which broke and became loose, together with scratches.

I later suffered from neck pain and back pain as a result of the accident and I have since visited the doctor and granted 5 days of medical leave.