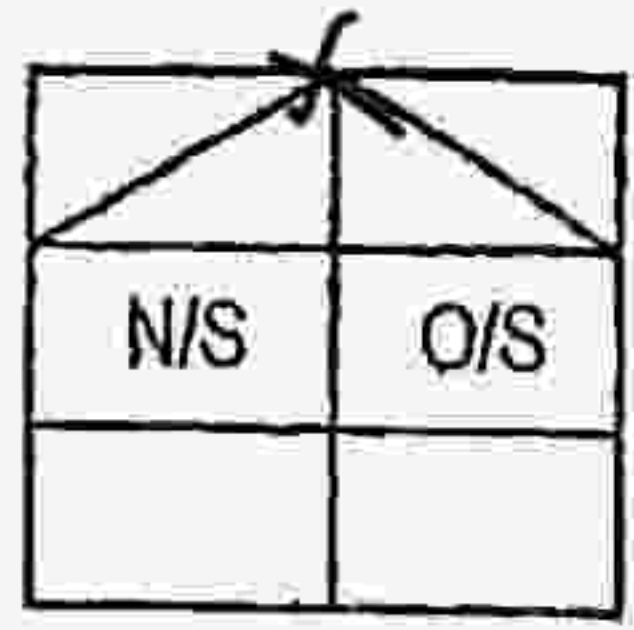


ASS. REC. BY: Tauyph REF: CS3/11124090203/Tap3

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: \_\_\_\_\_  
at Workshop m/s \_\_\_\_\_  
of \_\_\_\_\_  
Insured: \_\_\_\_\_  
Policy No. \_\_\_\_\_  
Claims No. \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_



(Policy Condition)  
Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: 930K  
IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
Est. Repairs: \_\_\_\_\_ days Res.: Yes or No  
Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
CA / REV / REP. / 24 HRS WP' PR  
Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: G8F1345T Yr Regn: 2016/06  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or \_\_\_\_\_  
Make: Toyota Dyna c.c. 2982  
Colour: Silver A/C: Insured / Std / NI / NA  
Sp. Reading: 14141 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: STFAT 35980K 26576  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
Mod: NI / S/Rim / STD A/Rim or \_\_\_\_\_  
Tyre Size: F: 195/R15  
R: 155/R12  
BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or \_\_\_\_\_  
Front Rear  
R/Bal. 6 mm R/Bal. 6/6 mm  
L/Bal. 6 mm L/Bal. 6/6 mm  
D.O.A. \_\_\_\_\_ D.O.I. 13/9/24 235pm  
Survey held at Eng Hup  
Des. of Damages FR / Rear / O/S / N/S / U/G / Rooftop or \_\_\_\_\_

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Repair Range: \$6000 - \$7000, 7 days</u>

Date/Time, File Pass to? ☐ : Prell. Report  
i) ☐ : Final Report  
Date/Time, File Return to?  
2) \_\_\_\_\_  
Report Format: \_\_\_\_\_  
Lump Sum / L.B.E. ( )  
Days Of Repair: \_\_\_\_\_  
Resurvey No. of Trip: \_\_\_\_\_  
Add Fee: ☐ : Site Insp (\$ )  
☐ : Interview (\$ )  
☐ : Tech. Invs (\$ )  
☐ : Weekend (\$ )  
Survey Fee: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
\$ + RS. \$  
Photos \_\_\_\_\_  
Others \_\_\_\_\_  
TOTAL \_\_\_\_\_





## SINGAPORE ACCIDENT STATEMENT

### 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 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. 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 First Submission	09/09/2024 15:26 (SGT)
Reported by	Actual Driver
Date of Accident	06/09/2024 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	280 WOODLANDS INDUSTRIAL PARK E5, LEE HARDWARE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1345T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ENG HUP VEHICLE RENTAL
Company Reg No	53064020A
Email Address	LIMKKLIMKK@HOTMAIL.COM
Mobile Phone No	(Phone) +65-94235006
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0
Vehicle Fuel	Diesel
First Registration Date	29/06/2016
Chassis no	JTFAT35Y80K206576
Effective Date/Time of Ownership	29/06/2016 00:00 (SGT)

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131826077-01-000004

### DRIVER

Name of Driver	CHAI KOK KIANG
Passport No/FIN	F7645949P
Date Of Birth	21/10/1968
Occupation	Outdoor
Driving Pass Date	26/02/2002
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86782111
Alt. Phone Number	-
Email Address	LIMKKLIMKK@HOTMAIL.COM
Address	10 ADMIRALTY STREET #03-10
Address complement	-
Postcode	757695
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Collided into Parked Vehicle
Weather Conditions	Clear
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)	0
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	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	YQ3422K
Vehicle Manufacturer	-

Vehicle Model -  
Vehicle Variant -  
Vehicle Colour -  
Vehicle Category - Commercial vehicle  
Name of Driver -  
Contact Number -  
Address -  
Address complement -  
Postcode -  
Insurance Company Name -  
Nature Of Damage -  
Details of property damaged in accident -  
No. Of Passenger (Including Driver) -

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 truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy at any time.
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 processed 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/authorities (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.

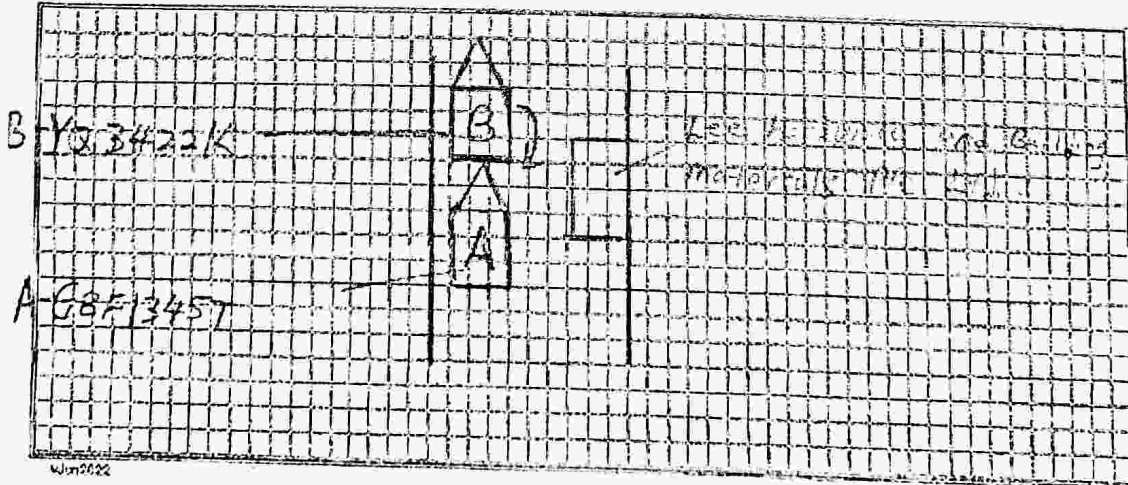


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

My vehicle CGF1345T was Stationary outside the Shop of Lee Hardware and Building materials Pte Ltd. When I was walking back to my vehicle, I saw vehicle YQ 3422K Suddenly reverse and hit my front part of my vehicle.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Title



Actual Driver's Signature (if driver is not the policyholder)  
Date & Time

LENG

Witnessed by Reporting Center Personnel  
(Name as in NRICID card)