ASSIGNMENT  From	ASS. REC. BY:	CS/FCI24070091/Knp3
From: Date: Estimated Coot:  OD/FINS LTP RESI/OD RESIFVA INVINV To larged Vehicle No:  If Workshop mis  of Instruct.  Policy No. Claims No. Sum Instruct.  Cohen Policy No. Claims No. Sum Instruct.  Excess:  (Chent's Record) Moto of Vehic.  (Chent's Record) Moto of Vehic.  (Chent's Record)  Moto of Vehic.  (Chen	Banagai	·
Tous Part From Lorgy 1 test Prima Nove 1 To inspect Vehicle Nic.  all Workshop m/s  of Nove Vehicle Nic.  Insured.  Policy No.  Claims No.  Sum insured:  Policy No.  Claims No.  Sum insured:  Excess:  (Claims No.  Sum insured:  Excess:  (Claims Record)  Mate of Vehicle:  (Claims Record)  Mate of Vehicle:  (Policy Condition)  Ramack: The we'n had commenced its repair at the time of inspection.  Bail, or Market Value:  (DAC Accident Root:  COASISTERT Y Sea or No.  CEA! Repairs:  (EA PROPAIRS:  (DAC Accident Root:  CA / REV / REP. / 24 HRS  Vehicle: IN I OUT  Date:  Parson Contacted:  Parson Contacted:  18/09/24 submitt prefil report  revised \$4574.10 (red. \$2510.35%)  Check item \$976.50  Add Fee:  Stile Insp.  (\$ 1. Prefil. Report  Insured Vehicle:  Interview (\$ 1. ) Chease  The Insured Cody.  Interview (\$ 1. ) Chease  The Parson (\$ 1. ) Chease  The Parson (\$ 1. ) Chease  The Vehicle: In Interview (\$ 1. ) Chease  The Vehicle: Interview (\$ 1.	Emmi	
Tous Part From Lorgy 1 test Prima Nove 1 To inspect Vehicle Nic.  all Workshop m/s  of Nove Vehicle Nic.  Insured.  Policy No.  Claims No.  Sum insured:  Policy No.  Claims No.  Sum insured:  Excess:  (Claims No.  Sum insured:  Excess:  (Claims Record)  Mate of Vehicle:  (Claims Record)  Mate of Vehicle:  (Policy Condition)  Ramack: The we'n had commenced its repair at the time of inspection.  Bail, or Market Value:  (DAC Accident Root:  COASISTERT Y Sea or No.  CEA! Repairs:  (EA PROPAIRS:  (DAC Accident Root:  CA / REV / REP. / 24 HRS  Vehicle: IN I OUT  Date:  Parson Contacted:  Parson Contacted:  18/09/24 submitt prefil report  revised \$4574.10 (red. \$2510.35%)  Check item \$976.50  Add Fee:  Stile Insp.  (\$ 1. Prefil. Report  Insured Vehicle:  Interview (\$ 1. ) Chease  The Insured Cody.  Interview (\$ 1. ) Chease  The Parson (\$ 1. ) Chease  The Parson (\$ 1. ) Chease  The Vehicle: In Interview (\$ 1. ) Chease  The Vehicle: Interview (\$ 1.	Estimated Cost:	- Veh No: 470/7 /438 Yr Regn: 09, 22
In Interect Vehicles No.  Insured:  Order Policy No.  Culains No.  Sum insured:  Excess:  (Clehn's Record)  Make of Vehic.  Check Condition)  Ball or Market Value:  Ball or Market Val	OD/TP/WS/TP RES/OD RES/EVA/INV/MV	- Van / Lorry / Text / Prime Mover /
at Wordshop m/s  of Insured: Policy No. Claims No. Condition No. Condition No. Condition No. Claims No. Condition N	To Inspect Vehicle No:	The state of the s
of Insured: Policy No. Claims No. Sum Insured: Excess: (Claims No. Sum Insured: Excess: (Clother Record) Make of Vah:  Perdey Condition) Paract: The veh had commenced its report at the time of Inspection.  Bal. or Market Value:  By Consistent?: Yea or No Can A PR Soan: Consistent?: Yea or No Cum Sum: Lum Sum: Lum Sum: Date: Perton Contacted:  Date / Time Action / Institution  18/09/24 submit prefit report  revised \$4574.10 (red. \$251035%) check item \$976.50  Add Fee: Site Insp  (\$5, Pascing   Fare Return to 7)  Add Fee: Site	at Workshop m/s Com Pr 1	1013 SEPENA C.C 1198
Policy No. Ctains No. Sum insured: Sum insur		1,0
Policy No. Claims No. Sum Insured: Excess: (Clent's Record) Mate of Veh:  (Policy Condition) Rumart: The veh had commenced its repair at the time of Inspection.  Bal or Mariant Value:  (DAC Accident Rport: Claim R. Passon: Consistent?: Yes or No Clair PR Seon: Consistent?: Yes or No Clair PR Seon: Consistent?: Yes or No Do. A. 30/0/24 Do.1.  CA / REV / REP. / 24 HRS  Date: Parson Contacted:  Date / Time Action / Instruction  18/09/24 submit preli report  revised \$4574.10 (red. \$2510.35%)  Check item \$976.50  Control of Passon: Check item \$976.50  Check item \$976.50  Check item \$976.50  Check in Instruction  Add Fee: Site Insp (\$ Survey Fee: Interview (\$ ). Prefix  Trentpression: The UC / Chassis Irane / Body Structura affected due to collision.  Days Of Repair:  Add Fee: Interview (\$ ). Prefix  Tech Invs (\$ ). Ores:	Insured:	- I STATE OF
Sum insured:  (Clear's Record)  Make of Vehr:  (Pokey Condition)  Ramark: The veh had commenced its repair at the time of inspection.  Bal, or Market Value:  (IDAC Accident Report  GIA / PR Sean:  Consistent?: Yes or No  Lum Sum:  CA / REV / REP. / 24 HRS  Data / Time  Accident / Instruction  Data / Time  Accident / Instruction  18/09/24 submit preli report  18/09	Policy No.	
Sum Instruct:  (Clon't's Record) Make of Vehic:  Make of Vehice:  (Policy Condition) Parant: The veh had commanced its repair at the time of Inspection.  Bat. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Lum Sum:  I-B/%, 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Date:  Person Contacted:  Date:  The UIC / Chassals frame / Body Structura affected dow to collision.  Date:  The UIC / Chassals frame / Body Structura affected dow to collision.  Date:  The UIC / Chassals frame / Body Structura affected dow to collision.  Date:  The UIC / Chassals frame / Body Structura affected dow to collision.  Days Of Repair:  Add Fee:  Site Insp  Survey Fee:  Interview  (S) , F.**  Interview  (S) , F.**  Tech Invs (S) 1.0**	Claims No.	Gan Cobd: Growth Early Page 1 Process Process
(Clear's Record)  Make of Veh:  (Policy Condition)  Ramark: The veh had commenced its repair at the time of Inspection.  Bat or Market Value:  (DAC Accident Rport:  Consistent?: Yes or No  CIS / PR Seen:  COnsistent?: Yes or No  Lum Sum:  I B / M / Rep.  Lum Sum:  I B / M / Rep.  I D /	Sum Insured: Excess:	
Mod: NII I SIRIM   STORDIM or Tyre Size: F. C. Stow 2 0.5   BOR16    Pormark: The veh had commenced its repair at the time of inspection.  Bail or Market Value: B / Ok   Size	(Cilent's Record)	
Policy Condition   Parmark: The wesh had commenced its repair at the time of inspection.   N/S O/S   Policy	Make of Veh:	
Remark: The veh had commenced its repair at the time of inspection.  Bail or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seon:  Consistent?: Yes or No  Lum Sum:  Lum Sum:  Person Contacted:  Person Contacted:  Date / Time  Action / Instruction  18/09/24 submit preli report  revised \$4574.10 (red. \$2510. 35%)  Check item \$976.50  Add Fee:  Survey Fee:  Interview (S ) France  Interview (S ) Proving Interview  (S ) Proving Interview  Survey Fee:  Interview (S ) Proving Interview  (S ) Proving Interview  (S ) Proving Interview  Can / Rev I Report  R: Davany,  R: Davany,  R: Davany,  R: Davany,  R: Davany,  Resar  TOYO (YOKO or  R: Davany,  Resar  Resa		7. —
Remark: The veh had commenced its repair at the time of Inspection.  Ball or Market Value:    DAC Accident Roort	(Policy Condition)	
Toyo / Yoko or  Bal. or Market Value: 8/6/4  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Sean: Consistent?: Yes or No  Lum Sum: /-8/4, 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: N/OUT  Date: Person Contacted: N/OUT  The U/C / Chasais frame / Body Structure affected due to collision.  Date / Time Action / Instruction  18/09/24 submit preli report  revised \$4574.10 (red. \$2510, 35%)  check item \$976.50  Days Of Repair: 4  Resurvey No. of Trip: Survey Fee: Interport  Resurvey No. of Trip: Survey Fee: Interport  Interport Survey Fee:		(2.214) (4.12).
Ball or Market Value:  IDAC Accident Roort:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Libsi.  Libsi.  D.O.A. 30 / 8 / 2 / D.O.I. 4 / 7 / 20 2 / 4  Lum Sum:  CA / REV / REP. / 24 HRS  Date / Time  Action / Instruction  Date / Time  Action / Instruction  18/09/24 submit preli report  revised \$4574.10 (red. \$2510, 35%)  check item \$976.50  The UC / Chassis frame / Body Structure affected due to collision.  Days Of Repair:  Add Fee:  Site Insp  Survey Fee:  Transportation  Transportation  Transportation  Add Fee:  Site Insp  Survey Fee:  Transportation  Transportat		
IDAC Accident Rport: Consistent? : Yes or No  GIA / PR Seen: Consistent? : Yes or No  Est. Repairs: Obdays Res.: Yes or No  Lum Sum: /B/% 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time		<del></del>
GIA / PR Seen: Consistent? : Yes or No Est. Repairs: Ob days Res.: Yes or No Lum Sum: /B/% 3 Val.: Yes or No CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction    18/09/24 submit preli report revised \$4574.10 (red, \$2510, 35%) check item \$976.50  The U/C / Chassis frame / Body Structure affected due to collision.  Days Of Repair: 4 Resurvey No. of Trip: Survey Fee: Transportation: Transportation: Survey Fee: Transportation: Survey Fee: Transportation: Transportation: Survey Fee: T	TO U.S. SHAN	- ( <del></del>
Est. Repairs:		The state of the s
Lum Sum: 7-874, 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction	GIA / PR Seen: Consistent? : Yes or No	
Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction    18/09/24 submit preli report    revised \$4574.10 (red. \$2510, 35%)    check item \$976.50    Days Of Repair: 4  Resurvey No. of Trip: Survey Fee:    Interview (\$   Su	Est. Repairs: Of days Res.: Yes or No	D.O.A. 30/6/24 D.O.I. 4/7/2024
Date: Person Contacted: Vehicle: IN / OUT  Date / Time   Action / Instruction    18/09/24 submit preli report  revised \$4574.10 (red. \$2510. 35%) check item \$976.50    Days Of Repair: 4  Resurvey No. of Trip: Survey Fee: Inarponation    Add Fee: Site insp (\$ ) _ s.Rs_Si    Interview (\$ ) _ Firsts    Tech Invs (\$ ) _	Lum Sum: /-B./% 3 Val.: Yes or No	Survey held at
Date / Time   Action / Instruction    18/09/24 submit preli report    revised \$4574.10 (red, \$2510, 35%)    check item \$976.50    Days Of Repair: 4    Resurvey No. of Trip:   Survey Fee:    Transportation    Add Fee:   Site insp (\$ ) _ \$ - RS _ \$I    Interview (\$ ) _ \$ - RS _ \$I    Track invs (\$ ) _ \$ - RS _ \$I    Track invs (\$ ) _ \$ - RS _ \$I    Track invs (\$ ) _ \$ - RS _ \$I    Track invs (\$ ) _ \$ - RS _ \$I    Track invs (\$ ) _ \$ - RS _ \$I    The U/C / Chasals frame / Body Structura affected due to collision.  The U/C / Chasals frame / Body Structura affected due to collision.  The U/C / Chasals frame / Body Structura affected due to collision.  The U/C / Chasals frame / Body Structura affected due to collision.		
Date / Time   Action / Instruction    18/09/24 submit preli report    revised \$4574.10 (red. \$2510. 35%)    check item \$976.50    Days Of Repair: 4    Resurvey No. of Trip:   Survey Fee:    Interview (S )   Site insp (S )    Interview (S )   Check    Track Invs (S )   Others		
18/09/24 submit preli report  revised \$4574.10 (red. \$2510, 35%) check item \$976.50  Later Special Spe	1 2000	The cro / chases flame a body chaster decrease
revised \$4574.10 (red, \$2510, 35%) check item \$976.50    Iter/Time, File Pass to?   Prell. Report   Days Of Repair: 4	Date / Time   Action / Instruction	
revised \$4574.10 (red, \$2510, 35%) check item \$976.50  to/Time, File Pass to? : Prell. Report Days Of Repair: 4 :: Final Report Resurvey No. of Trip: Survey Fee: Transportation: Transportation: Survey Fee: Transportation: Survey Fee: Transportation: Survey Fee: Transportation: Site Insp (\$ ) _ \$ - RSSI		
revised \$4574.10 (red, \$2510, 35%) check item \$976.50    Iter/Time, File Pass to?   Prell. Report   Days Of Repair: 4	19/00/24 submit proli report	S
check item \$976.50  Lo/Time, File Pass to?  : Prell. Report  : Final Report  Resurvey No. of Trip:    Survey Fee:		200
Days Of Repair: 4    Final Report   Preli. Report   Preli. Report   Preli. Resurvey No. of Trip:   Survey Fee:   Transponsitive   Preli. Report   Pr	revised \$4574.10 (red, \$25 check item \$976.50	510, 35%)
Days Of Repair: 4  : Final Report Resurvey No. of Trip: Survey Fee: Transports671  Add Fee: Site Insp (\$ ) _ s - Rs_Si		and the state of t
Resurvey No. of Trip:  Survey Fee:  Transportation  Add Fee:  Slite Insp (\$ )S - RSSI  Interview (\$ )FINANT  Tech Invs (\$ ) Others	196	
Resurvey No. of Trip:  Survey Fee:  Transportation  Add Fee:  Slite Insp (\$ )S - RSSI  Interview (\$ )FINANT  Tech Invs (\$ ) Others		
Resurvey No. of Trip:  Survey Fee:  Transportation  Add Fee:  Slite Insp (\$ )S - RSSI  Interview (\$ )FINANT  Tech Invs (\$ ) Others		
Resurvey No. of Trip:  Survey Fee:  Transport  Transport  Survey Fee:  Transport  Transp	plo/Time, File Pass to? : Prell. Report	Days Of Repair: 4
Add Fee: Site Insp (\$ ) _s - RSSI  Interview (\$ ) Firsts  Final Report  Transporation  Transpo	<u> </u>	Resurvey No. of Trip: Survey Fee:
Add Fee: Site Insp (\$ ) S-RS_SI : Interview (\$ ) Final St  port Format:		(1000110)
interview (\$ ), Finals  port Format:	ta/Time, File Return to?	
ort Format :	Add Fe	e:
ort Format :	· · · · · · · · · · · · · · · · · · ·	Interview (\$ ), Fixed
ort Format :	,	
18 18 18	oort Format :	ech invs is
1 I VVeekend \	np Sum / I.B.I: (S	Weekend (\$



ComfortDelGro Engineering

## 205 Braddell Road S(579701)

**ACCIDENT REPAIR ESTIMATES** Our Ref: Type of Claim : **SNH843B** Vehicle No. TP(MSFC) Make & Model NISSAN SERENA Year of Manufacture 2021 Chassis No. JN1EBAC27Z0001373 Ins Company Engine No. HR12297606K **Excess** Policy No. Date of Accident : 30/6/2024 Time of Accident Suggested Days of Repair: In-house Vehicle Assessor Case Owner KELVIN **Repair Estimates** Signature Parts (a) Cost / List Price Items \$ 5,949.00 Plus/Less 10% 594.90 Total of Cost / List 5,354.10 Operation **KELVIN SU** TEL: 9786 4236 (b) Nett Price Items E: kelvinsukwen@cdge.com.sg Less SUN PIN TEL: 9728 8916 Total of Nett Item E: oisunpin@cdge.com.sg Not Notherika Renny B& pains (c) Special Nett Items 5,354.10 Total Parts Cost (Appendix A) 1,730.00 Labour (Appendix B) 7,084.10 **Total Repair Cost** The above total will be subjected to 9% G.S.T. Name of Surveyor Company Survey conducted on

## **Spark Car Care**

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road S (579701) Tel: 63837168 / 63837466 Fax:62815767

**Spare Parts** 

Vehicle No : SNH843B Case Owner : KELVIN

Make & Model : NISSAN SERENA Year Manufacture : 2021

Chassis No : JN1EBAC27Z0001373 Engine No: HR12297606K

Sales Order Supplier:

Order By : KELVIN Type of Claim: TP(MSFC)

S/No	DESCRIPTION	QTY	Cost Price		List Price			Disposition B Surveyor	ly
1	REAR TAILGATE	11	Price P21	-	1,939.00			veyor	
$\overline{}$	REAR TAILGATE WEATHERSTRIP	1	In	\$	120.00			<b>Y</b>	
	EMBLEM"HIGHWAY STAR"	1	Ma	\$	75.00				
	EMBLEM"E-POWER"	1	M	\$	105.00			-	_
	TAILGATE STOPPER	1	12	_	25.00			X	_
100 000 000	REAR BUMPER	1	cm	+	1,575.00				
	REAR BUMPER CLIPS	10	M	\$	30.00	_			3
	RHR BUMPER RETAINER	1	Di	_	45.00	_			.—
	RHR BUMPER GARNISH	1		\$	400.00			7	_
	RHR CORNER PANEL	1	Sin	\$	430.00	1 2 2		Y	200
PERSONAL TRANSPORT	HR CORNER PANEL BRACKET	1	e a — — — — — — — — — — — — — — — — — —	\$	45.00	Section 10		7	
- 1	EAR END PANEL	1	n	\$	240.00			X	
_	EVERSE SENSOR	1	PU	_	280.00			_	_
	ENSOR BRACKET	4	t and	\$	640.00			7	
_	EALANT	1		Ť	NN	\$	40.00	o x	
3			9 -	1		T		7	
-			The second secon						
		3 12		+		+			_
_			The second second second	+		+		<del></del>	_
		and one have	IVVA	100	'oncelle-	+	2.5	-	
		$\vdash$	I lile ke	enaire	Consultants her of the follow	vidin-	~-	+	_
		<u></u>	• 10 rest	Wivey !	before/after son	Idv na	aintina	+	
			• 10 disp	play de	lamaged part(s)	during	יים נחביותים		
			- raits p	prices	s are subject to c	cohfirm	mation		
-			1 hird p	pally S	survey is on a "V	Withou	out Prejudice	ce basis	
_		-	Supple	ementa	lary item(s) must	2,000	ved	application of	<u> </u>
			is subject	and to	tary item(s) must	on I	resurveyed	d and	<u>_</u>
						1	uuldIICe	Company	L
			Acknowl	edgec	d by Repairer				1
3.1 7	mily many and an analysis of the state of th		Signature	e:		$\top$			T
AT THE PARTY OF	with some is	$\rightarrow$	Dale:	+		+	7 97	$\overline{}$	+
				1		1			1

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

### **Spark Car Care**

# ComfortDelGro Engineering Pte Ltd 205 Braddell Road S (579701) Tel: 63837168 / 63837466 Fax: 62815767

#### <u>Labour</u>

Vehicle No.	:	SNH843B	Case Owner	:	KELVIN
Make & Model	:	NISSAN SERENA	Year of Manufacture	: -	2021

S/No	Labour Description	Es	imated	Adjusted Price	
3.5%	Caboul Description		Price		
1	TO KNOCK & STRAIGHTEN ON ACCIDENT AREA, TO REMOVE &	\$	750.00	4001	
	REFIT DAMAGE PARTS				
				(1)(1-1	
	TO PUTTY,RESPRAY ON REAR BUMPER,REAR TAILGATE,	\$	750.00	4401	
	RHR CORNER PANEL,REAR END PANEL ,AFFECTED AREA				
-		-	400.00	X	
3	TO REMOVE/REFIT REAR WINDSCREEN	4 \$	120.00		
1	TO CHECK WIDTH O. DE INCTALL DEVEDOE CENTOD	\$	60.00	سن ا	
4	TO CHECK WIRING, RE-INSTALL REVERSE SENSOR	1	00.00		
5 1	TO THE COAT WATER PROOFING ON WELD AREA	\$	50.00	301	
7	TO TUFF COAT/ WATER PROOFING ON WELD AREA	+*	00.00		
+	And the second s				
+					
		+		and interest and the second	
		+		Area and reserved to the second	
+		+			
P		الدائد أواب		Maria Inc.	
	Comments of the Comment of the Comme	_			
$\perp$					
Т					
		$\top$			
_		+			
<u> </u>		+			
		_			
		$\dashv$			
			6:		

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process,

2. 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 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or windowing of the insurance companies.

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

Reported by

ES / OD R

at the

alue: Rport **Date of Accident** 

**Exact Location of Accident** 

Additional Location Information

Country/State of Loss

01/07/2024 16:00 (SGT)

**Actual Driver** 

30/06/2024 12:15 (SGT)

Lor 1 Geylang, Singapore

TOWARDS BOON KENG RD

Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number

**SNH843B** 

#### INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No

COMFORTDELGRO RENT A CAR PTE LTD

1XXXXX775H

fleetsafety@cdgtaxi.com.sg

(Phone) +65-97356277

(Office) +65-68820888

#### VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Nissan

Serena

Private hire

No - Claiming third party

Private hire

Auto

1198

#### INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

India International Insurance Pte Ltd

D18MFL0003414\_04

#### DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

TAN WENG KIM SXXXX758F 26/06/1955 Outdoor



## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
- 3. Information provided must be as <a href="mailto:truthful and accurate as possible">truthful and accurate as possible</a>. Any willful misrepresentation or withholding of material facts may 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any faise 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 uses and the surers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that uses a sureless to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that uses a sureless to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that uses the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the GIA Records Management Centre established by the General Insurance Association (GIA) for archiving and the GIA Records Management Centre established by the General Insurance Association (GIA) for archiving and the GIA Records Management Centre established by the General Insurance Association (GIA) for archiving a contract of the GIA Records Management Centre established by the General Insurance Association (GIA) for archiving a contract of the GIA Records Management Centre established by the General Insurance Association (GIA) for archiving a contract of the GIA Records Management (GIA) for archiving a contract of the GIA Records Management (GIA) for archiving a contract of the GIA Records Management (GIA) for archiving a contract of the GIA Records Management (GIA) for archiving a contract of the GIA Records Management (GIA) for archiving a contract of the GIA Records Management (GIA) for a contract of the GIA Records Management ( 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 indemnat of this report will for a fee be made available upon application by interested parties. 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the
- 8. Consent under the Personal Data Protection Act (PDPA) l understand, acknowledge, agree and consent that:

- (a) My insurer , my workshop and the General Insurance Association of Singapore (GIAT) 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 to all insurance. 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 (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
- (ii) investigating the accident and/or my claims.
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (v) 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
- (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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time 300624 -1500HRS

A-SNH843B B-SHD6015T GEYLANG LOR 1 X BOON KENG RD