ASSIGNMENT From: Date: Veh Nov. STU BI Ver Room: O 1	ASS REC. BY:	20011453/KH
Fron: Date: Veh No: STU BIL Yr Rogn: 10 1 0 9 Federated Cost Cost OD PINS 1TP RESI OD RESIEVA INVINV To Inspect Vehicle No: Truck 1 Trailer or Wagnar of Survey No: Colour Are Print Are Colour Are Colour Are Print Are Colour Are Colou	mner'h AS	SSIGNMENT
Truck Trailer or Majon To kingset Weisheld No: st Workshop m/s Total Trailer Solver Make:	From: Date:	Veh No: STU 812 Yr Regn: 101 09 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
To Inspect Vehicle Nor at Workshop m/s of Insured: Make:	OD TP WS ITP RES I OD RES / EVA / INV I MY	The Paris of the P
at Workshop m/s of Insured: Policy No. Colour M. P. Whi T. AC: Insured I Std I NI I NA Sp.Reading 2022// TRadio: Insured I Std I NI I NA Sp.Reading 2022// TRadio: Insured I Std I NI I NA Enghlor Conc. AC R 50 O 9898 Gen. Cond. Geod Fail r Poor Burnt Sturm Insured: Excess: (Clearl's Record) Make of Veh: Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Parank: The veh had commenced its repair at the time of inspection. Ball or Markel Value: IDAC Accident Roort: Consistent? : Yea or No USal.		Make: Ton Estimb co 73/2
Sp.Reading 2021) TrRado: Insured / Std / NI/ NA Eng/No. Claims No. Sp.Reading 2021) TrRado: Insured / Std / NI/ NA Eng/No. Claims No. Sum Insured: Excess: (Client's Record) Make of Veh: (Client's Record) Modi: NII / Sirkim / STDARRim or Tyre State: F: R:	al Workshop m/s Then You de	
Instruct: Policy No. Claims No. Sum instruct: Excess: (Client's Record) Make of Veht: (Policy Condition) Bail, or Market Value: IDAC Acadean Rport: Consistent?: Yes or No Est. Repelrs: CA REV REP 24 HRS Date: Person Contacted: Date: Person Contacted: Date: Time Action / Instruction Date: Time Action / Instruction Date: Tres Is exem Port Sum Final Report Tovor You Sum Final Report Resurvey No. of Trip: Transportation: Add Fee: Interview (\$ } Fores Interview (\$	of	
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. Bail or Markel Value: IDAC Accident Rport: Consistent?: Yes or No. Gla / PR Sent: Consistent?: Yes or No. Claims Sum. CA / REV / REP / 24 HRS Person Contacted: Person Condition Action / Instruction Date: Person Condition Action / Instruction Date / Time / Action / Instruction Date	Insured:	
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. Bail or Markel Value: IDAC Accident Rport: Consistent?: Yes or No. Gla / PR Sent: Consistent?: Yes or No. Claims Sum. CA / REV / REP / 24 HRS Person Contacted: Person Condition Action / Instruction Date: Person Condition Action / Instruction Date / Time / Action / Instruction Date	Policy No.	
Brake: Ingrifier Jammed / Leaked / Burnt or Modi: NII / SRIm / STD ARRIM or Tyre Size: F:	Claims No.	4
Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail or Markel Value: IDAC Accident Rport Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No DIAL: Yes or	Sum Insured: Excess:	
Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bail or Markel Value: IDAC Accident Rport Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No DIAL: Yes or	(Client's Record)	
Tyre Stze: F:		·
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: Ball or Market Value: IDAC Accident Roort: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: D days Res.: Yes or No CA / REV REP. / 24 HRS Date: Person Contacted: Date: Date: Person Contacted: Date: Person Contacted: Date: Date: Date: Person Contacted: Date: Person Contacted: Date:		
Remark: The veh had commenced its repair at the time of inspection. Bail or Market Value: IDAC Accident Rport	(Poilcy Condition)	
TOYO YOKO or Ball or Market Value: IDAC Accident Rport Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: Of days Res.: Yes or No Lum Sum: Date: Person Contacted: Date / Time Action / Instruction Days Of Repair: Days Of Repair: Test Insp (\$	Remark: The veh had commenced its N/S O/S	
IDAC Accident Rport Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: Down Sum: Down Sum: Person Contacted: Person Contacted: Person Contacted: Person Contacted: Person Contacted: Person Contacted: Down Instruction Est. Repairs: Person Contacted: Person Contacted: Person Contacted: Person Contacted: Down Instruction Est. Repairs: Person Contacted: Down Instruction Est. Repairs: Person Contacted: Person Contacted: Down Instruction Est. Report Person Contacted: Down Instruction Down Instruction The UIC / Chassis frame / Body Structifire affected due to collision. Down Instruction Contacted: The UIC / Chassis frame / Body Structifire affected due to collision. Down Instruction Action / Instruction Est. Report Format: Down Instruction Contacted: Down Instruction The UIC / Chassis frame / Body Structifire affected due to collision. The UIC / Chassis frame / Body Structifire affected due to collision. The UIC / Chassis frame / Body Structifire affected due to collision. The UIC / Chassis frame / Body Structifire affected due to collision. The UIC / Chassis frame / Body Structifire affected due to collision. The UIC / Chassis frame / Body Structifire affected due to collision. The UIC / Chassis frame / Body Structifire affected due to collision. The UIC / Chassis frame / Body Structifire affected due to collision. The UIC / Chassis frame / Body Structifire affected due to collision. The UIC / Chassis frame / Bo	repair at the time of inspection.	
IDAC Accident Rport Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Est. Repairs: Of days Res.: Yes or No Lum Sum: Of days Res.: Yes or No Survey held at Des. of Damages: Frt Rear OIS N/S UIC Rooftop or OIS Time Date: Person Contacted: Person Cont	Bal. or Market Value:	Fron! Rear
Est. Repairs:	IDAC Accident Rport: Consistent? : Yes or No	P/Rel 7
Lum Sum: Description Survey Rep. 24 HRS	GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 7 mm
CA / REV REP. / 24 HRS Of the UC / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction EST not ready Oldo/Tuno, File Pass to? Prefil. Report Days Of Repair: 1) Prefil. Report Prefil. Report Survey Fee: Transportation: Octof/Time, File Return to? Survey Fee: Stite Insp. (\$) S-RS_SI Interview (\$) Firsts Report Format: Tech Invs (\$) Others	Est. Repairs: 07 days Res.: Yes or No	D.O.A. 17/10/20 D.O.I. 21/10/2020
Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Strong Report	Lum Sum: 20 % 3 Val.: Yes or No	Survey held at
Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction	CA I DEV I DED I 24 UDS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date / Time Action / Instruction EST not ready	-// 100	UT Ols Mea body &uk
EST not ready	Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Dato/Time, File Past 10? Prell. Report Days Of Repair:	The state of the s	
Date/Time, File Paser to? Prefil. Report Days Of Repair:	1 257 not ready	
Date/Time, File Paser to? Prefil. Report Days Of Repair:	1/4 /16 84801 1001 9997	15: 790)
Transportation: Survey Fee:	0111 012 10 4 1000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Transportation: Survey Fee:		
Transportation: Survey Fee:	Date/Time File Pass to?	Days Of Bonair
Date/Time, File Return to? Transportation:	Preii. Report	
2) Add Fee: : Site Insp (\$) _ s - RS SI : Interview (\$); Fixt > S Report Format :		
Report Format: Interview (\$) Fixed S Tech Invs (\$) Others	Add 1	
Report Format: Tech Invs (\$) Others	Addi	

Lump Sum / I.B.I: (S A-VUU) Weekend (\$)	. 0	
	Lump (Sum / I.B.1: (S 4400	: Weekend (\$).

MSNH20091348 / S & H Motor Pte Ltd - Sin Ming ENTRY DATE & TIME: 19/10/2020 14:27 SUBMITTED BY: Wong Kee Nyuk

SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE 1. Please report correctly the details of the accident to speed up the claims process.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.
- 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

foresaid.	u hereby consent to the archiving of this report of the	
	19/10/2020 14:27	
Date Of Report	17/10/2020 18:00	
Date Of Accident	MAR THOMA ROAD	
Exact Location Of Accident	SINGAPORE	
Country/State of Loss	DETAILS OF OWN VEHICLE	

ountry/State of Loss	DETAILS OF OWN VEHICLE
The state of the s	SJU81L

Vehicle Registration Number

Insured/Policyholder

NOELLE CHOONG POH YOKE Name Of Registered Owner

SXXXX323E

KENHOJM@GMAIL.COM NRIC No **Email Address** (LOCAL) +65-83219090 Mobile Phone No OFFICE-83219090 Alternative Phone No

Vehicle Particulars

TOYOTA

Manufacturer ESTIMA AERAS 2.4 Model

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle? THIRD PARTY

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Insurance Company Name of Insurance Company

COMPREHENSIVE

Type Of Coverage NO

Fleet Policy DMPCSN30889419000 Policy Number

Cover Note Number

Driver

HO JIAN MIN Name of Driver SXXXX066B NRIC NO 06/07/1980 Date Of Birth INDOOR Occupation 25/02/2000

20 YEARS AND 7 MONTHS Date Of Driving Pass

Driving Experience MALE

(LOCAL) +65-83219090 Gender

Mobile Number

Fax Number

Contact Number EMail Address

KENHOJM@GMAIL.COM

Address

6 MAR THOMA RD #01-03 S(328688)

Postcode

Was driver an employee of the Insured's Company NO

SPOUSE If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged? YES NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 4

Passenger 1

NAME:

: PASSENGER

: FEMALE GENDER:

Passenger 2

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 3

NAME:

NO

NO

: PASSENGER

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

refer attached report.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

YES

DETAILS OF OTHER VEHICLE PROPERTY 1

SJY5577U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category LEE WEI MENG Name of Driver SXXXX560J NRIC/Passport Number

Contact Number

-		
CH PLAN		4
		/
.,		
	1 - 1 - 2 - + - 2 - + - 2 - + - 2	
	1.21	
1 - 121 +	the state of the s	
Parkect		
Vehicle C	1 - the	
	1 & Mar Tha	5101
6 Mar Thoma	Bealow Heig	
	Braton Heig	M.
Rd	1	Cur A
FSCRIBE CIRCUMSTANCES OF THE	ACCIDENT	1 2 2 1 1 1
LD OILLE		1 was driving along
On the Athof Co	Car B exiting from	P Nor Thema Road
Man Thomas Lead.	CUT D CATT	1 2
10 Highte)	hit my car root the great that he carle	gar pare
(blacen training)	I that he cools	18 14 JEE 124 CER
The driver apolo	9.78 4 1. 51	The ekshuchus Ma
LANGE AS FAVE	ivis a parent tan	I has a decreat me to
1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.		ar yet are
Mew - We cree	So LOCALONICE.	
Main against 1	73 1/125 1 111	
		1
DECLARATION	less are true in every respect.	H
DECLARATION 1/We declare the foregoing particular	liars are tine in contract	47)
	in	
	p.	Reporting Centre Personnel's Signature
Policyholder's Signature	Oriyed Signature (If driver is not the policyholder)	Name: NRIC/FIN No.
Date & Time:	Date & Time:	Muscl