

ASS. REC. BY: TaufikREF: CS/LPC21001140/Tig.d3

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. 20/21/21/VP05/024162

Sum Insured: _____

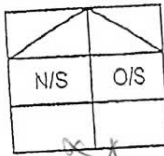
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 4 days

Res.: Yes or No

Lum Sum: _____ %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

WP

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLF51DYr Regn: 2016 Aug

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Porsche Macan GTSC.C. 2997Colour: Red

A/C: Insured / Std / NI / NA

Sp. Reading: 106191

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WP/222952HLS62506

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 267/40 R21R: 295/35 R21BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mm

D.O.A. _____

D.O.I. 27/1/21Survey held at Chin Chuan Garage

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

- To check with lawyer if insured have made report
- workshop will give estimate

25/06/21 @ 4.10pm revised to Gerald by email.

24/06/21 Taufik finalised with Jack LS \$5300, 4 days. (Red \$10425.19, 66%)

Re-open ref for amend report to LS \$4350, 4 days (Red \$11375.19, 72%)
-not confirm with wksp as they won't agreed.

Date/Time, File Pass to?

1) 04/10 Typist

Date/Time, File Return to?

2) _____

Report Format: _____

TP

Lump Sum / Fee: 4350Days Of Repair: 4Resurvey No. of Trip: 2

Add Fee:



Site Insp (\$ _____)



Interview (\$ _____)



Tech. Invs (\$ _____)



Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + RS \$ _____

Photos _____

Others _____

TOTAL

SN0921J0003 / National Assessment Centre Services [408933]
 ENTRY DATE & TIME: 19/01/2021 11:48 (SGT)
 SUBMITTED BY: Celine Fong Wei U
 VERSION: 1 (19/01/2021 11:48 (SGT))

Your NCD will be affected due to late reporting

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 Authorised 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 Submission 19/01/2021 11:48 (SGT)
 Date of Accident 16/01/2021 14:00 (SGT)
 Exact Location of Accident Bideford Rd, Singapore
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF51D
 INSURED/POLICYHOLDER
 Is company? Yes
 Name Of Registered Owner SB EXPRESS LOGISTICS PTE. LTD
 Company Reg No 2XXXXX092K
 Email Address liling@sbexpress.com.sg
 Mobile Phone No (Phone) +65-67476188
 Alternative Phone No (Office) +65-67476188

VEHICLE PARTICULARS

Manufacturer Porsche
 Model MACAN GTS PDK E5 SR
 Variant -
 Exact purpose for which vehicle was being used at time of accident Private use
 Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
 Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number DMPCSNW00126232000
 Cover Note Number -

DRIVER

Name of Driver LEE LI LING LOVINA (LI LILING LOVINA)
 NRIC No SXXXX998F
 Date Of Birth 02/06/1980
 Occupation Indoor

Date Of Driving Pass 29/09/2011
 Driving experience 9 YEARS AND 4 MONTHS
 Gender Female
 Mobile Number (Phone) +65-91916861
 Alt. Phone Number -
 Email Address liling@sbexpress.com.sg
 Address BLK 475A UPP SERANGOON CRESCENT
 Address complement #02-517
 Postcode 531475
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Employee
 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 Collision - Head to Rear
 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? Yes
 Was any injured conveyed to hospital by ambulance? No
 Was any other material or property damaged? Yes
 Number of Passengers (Including Driver) 3
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name NG SOCK KIANG
 Gender Female

PASSENGER 2

Name LORNA LEE
 Gender Female

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

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGS6479E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour -
 Vehicle Category Private car
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEE LI LING LOVINA(LI LILING LOVINA)
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained I'M PREGNANT (OBSERVEATION)
 Injured person in which vehicle? SLF51D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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 Authorised 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 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. 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 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;
 - (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

Witnessed by Reporting Centre Personnel

Sketch Plan

Along BIKERIDE ROAD

Describe Circumstances of the Accident

I was travelling straight along Bideford Road on the
2nd lane of A3-lanes road. The traffic was congested
in front of my van stop and I followed suit.
Suddenly van to came from behind and hit onto my
rear portion of my van. I'm going to see a doctor
because I'm pregnant.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

16/12/01 19/01/02