SS. REC. BY:	ASSIGNMENT
rom: Date:	Veh No: SMQ 6/685 Yr Regn: 2019, NOV
stimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
D/TP/WS/TPRES/ODRES/EVA/INV/MV	Truck / Trailer or
Inspect Vehicle No:	Make: Meredes Berz 6LA 180 c.c 1595
Workshop m/s	Colour Black A/C: Insured / Std / NI / NA
WORKSHOP THE	Sp.Reading 19686 T/Radio: Insured / Std / NI / NA
sured: SMP 7556D	Eng/No:
MDC20 A 00027700	C/No: WD C1569422765 9558
	Gen. Cond. Good Pair / Poor / Burnt
aims No. DMPC2100055H	Steering: Inorder / Jammed / Leaked / Burnt or
ım Insured: Excess:	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nil (S/Rim) STD A/Rim or
ake of Veh:	775/50818
	Tyre Size: F: 237/30/218 .
(Policy Condition)	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
emark: The veh had commenced its N/S	
repair at the time of inspection.	TOYO KYOKO or
al, or Market Value:	Front R/Bal 06 mm R/Bal 06 mm
DAC Accident Rport: Consistent?: Yes or No	TODAL.
IA / PR Seen: Consistent? : Yes or No	Library de la
st. Repairs: days Res.: Yes or No	5.0.7.
um Sum: % 3 Val.: Yes or No	Survey held at Rydes.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: I	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
TP ECICS.	
26/4/21 Adrian confirmed \$6598.60, (F	Pad 7022 97 540()
26/4/21 Adrian confirmed \$6598.60, (F	Ned 1923.01, 34 /0)
PV:	THE PARTY OF THE P
Nett:	Special Section 1
	10 25 W 40 2 20 W ALD 100 23 H 40 20 40 10 10 10 10 10 10 10 10 10 10 10 10 10
	Days Of Repair: 3
Date/Time, File Pass to? : Preli. Report	Resurvey No. of Trip: 1 Survey Fee:
: Final Report	Transportation:
Date/Time, File Return to?	
27/4/21-Typist	dd Fee: Site Insp (\$) _ S+RSSI
	- Constitution of the Cons
Report Format: TP	: Tech. Invs (3) Others
+ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	: Weel end (\$)

Lump 2um / LB.I: @ \$6598.60



I 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 Authorised Driver</u>
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 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.

The issue and acceptance of this Form by insurance companies is not an admission of policy flability 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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

18/02/2021 09:53 (SGT) 17/02/2021 12:00 (SGT) Tagore Ln, Singapore T-JUNC TWDS UPP THOMSON RD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ6168S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No

YAS YEW ANN CONSTRUCTION PTE LTD 1XXXXX338N CATHERINE@JUNSHI.COM.SG (Phone) +65-64561122 +65-97589400

VEHICLE PARTICULARS

Manufacturer Model Variant

Mercedes Gla 180

Private use

Private car

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? Vehicle Category

No - Claiming third party

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

China Taiping Insurance Comprehensive DMPCSNW00165632001

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

YAP KING BOON SXXXX705D 24/06/1977 Indoor

Date Of Driving Pass 16/07/2001 Driving experience 19 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-97589400 Alt. Phone Number Email Address CATHERINE@JUNSHI.COM.SG Address 90 TAGORE LANE Address complement SINDO INDUSTRIAL ESTATE Postcode 787532 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No

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

SMP7556D
-
-
-
-
Private car
-
-
-
_
-
-

SKEICH PLAN:	TAGORE LANE T-JUNC	TION TOWARDS UPP THOMSON ROAD
		VEHICLE 4: SMOG168S
		VEHICLE B: SMP75561
	B>[A>	Traffic Light @ 7-June trian

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AR-ENDED MY	VEHICLE.			
			-	
	3		 	-

DECLARATION

I/ We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 1430

17/2/21

Driver's Signature (if driver is not the policyholder)

17/2/21

Date & Time: 1430

Reporting Centre Personnel's Signature

Name:

NRIC / FIN No .: