A	00	REC.	BV-
	200	A Share to be	100

REF:

CS/CTI21002791/Atd3

ASSIGNMENT

France	Date:	Veh No: YP7404S. Yr Regn: 2017 1 August.	
From: Date: Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van (Lorry / Taxi / Prime Mover /	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		Truck / Trailer or	
		Make: Isuzu 1111 R85 c.c 2588.	
To Inspect Vehicle No:		Colour While A/C: Insured / Std / NI / NA	
at Workshop m/s		Sp.Reading /8311 T/Radio: Insured / Std / NI / NA	
of		Eng/No:	
Insured: Policy No.		C/No: JAANPRSSHG7100375	
Claims No.		Gen. Cond: Good Fair / Poor / Burnt	
	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
Odili iliodiodi		Brake: Inorder / Jammed / Leaked / Burnt or	
(Client's Reco	iu)	Modi : Nil) S/Rim / STD A/Rim or	
Make Of Vell.			
(D. II. O III.		Tyre Size: F: 7.00 R/6.	
(Policy Condition) Remark: The veh had commenced its N/S O/S		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.		TOYO/YOKO or Kender	
		Front Rear	
Bal. or Market Value: UDAC Accident Roort: Consistent? : Yes or No		R/Bal. 06 mm R/Bal. 06 mm	
IDAC Accident	Aport.	L/Bal. 96 mm L/Bal. 06 mm	
GIA / PR See	days Res.: Yes or No	D.O.A. D.O.I. 10/03/21	
Est. Repairs: Lum Sum:	% 3 Val.: Yes or No	Survey held at Comfort Usi.	
		Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or	
CA / REV	/ REP. / 24 HRS Vehicle: IN / OUT		
Date: Person Contacted:		The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time	Action / Instruction		
	17 Chag	ALDO DE	
	SUBMIT PRELIF	REPORT.	
	VEHICLE NOT SEND IN FOR REPAIR		
	MV: PV;		
	Nett:		
	ne.		
Data Time File Dr	Durli Banart	Days Of Repair: 3	
		Resurvey No. of Trip: Survey Fee:	
1) Doto/Time File P	: Final Report	Transportation:	
Date/Time, File Return to? Add Fee		e: :Site Insp (\$)_s+Rs_s	
2)		: Interview (\$) Photos	
Pranaré Enemet		: Tech. Invs (\$) Others	
Report Format : Lump Sum / I.B.J: (\$:Weel end (*	
ramb eam	A televice (1)		

SC1H21250001 / ComfortDelGro Engineering Pte Ltd [408649] ENTRY DATE & TIME: 05/02/2021 13:07 (SGT) VERSION: 1 (05/02/2021 13:07 (SGT))



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 witholding 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 05/02/2021 13:07 (SGT) Date of Accident 04/02/2021 10:00 (SGT) **Exact Location of Accident** Singapore 7 JALAN BUROH LEVEL 2 CARPARK / LOADING BAY LOBBY C Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

YP7404S Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner EGGS & MORE PTE LTD Company Reg No 2XXXXX538Z **Email Address** zhixian.liang@thesoupspoon.com Mobile Phone No (Phone) +65-61491161 Alternative Phone No +65-90271547

VEHICLE PARTICULARS

Manufacturer Isuzu NPR85 Model Variant 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

Employment

No - Claiming third party Commercial vehicle

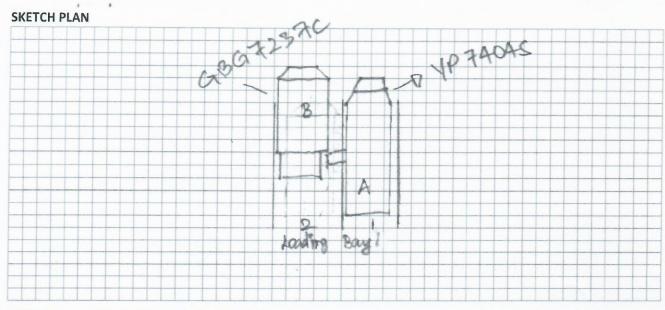
INSURANCE COMPANY

MSIG Name of Insurance Company Comprehensive Type of Coverage Fleet Policy No A300350601MKC Policy Number Cover Note Number

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

SEKAR SATHISH GXXXX041U 28/12/1987 Outdoor



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

T Parked my touck im our company assigned hoading boy and i go to take my Deliver goods, then i come back with my goods i seen some other to the small touck Parked and Loading in my truck Left side. I waiting for 15 minutes but he heaven't complete work so i planned to load my
booking how and i go to take my policyer goods, then i come
back with my goods i soon some other 10 ft small touck
Parked and Loading in my truck Left Side. I waiting for 15
minutes but he heaven't complete work 30 i planned to load my
1 TOOK & At MY FOUCK LAST AIND CHILLY AME AM 1000 THE
door then one by one i looded.
door then one by one i looded. Suddenly i hear the cracking sound then two behind my chiller door crushed between into the small truck tailgrate. The driver didn't look properly handled his tailgrate so i check my side door it's damaged and bended.
my chiller door crushed between into the amall truck
tailante. The driver didn't look properly handled his
thildrete 30 i check my side door it's damaged and lounded.

DECLARATION

JORE

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

Paticyhologr's Signature Date & Fime: Driver's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: COMFORTDELGRO ENGINEERING PTE LTD 320 UBI ROAD 3 SINGAPORE 408649

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date Of Driving Pass 09/04/2014 Driving experience 6 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-90271547 Alt. Phone Number Email Address zhixian.liang@thesoupspoon.com Address **BLK 185 BOONLAY AVE #08-160** Address complement Postcode 640185 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 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

Yes

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?

Has the driver been approached by unknown person(s)

Number of Passengers (Including Driver)

soliciting/offering accident claims assistance?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 GBG7237C

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name