ASSIGNMENT

From:	Date:	Veh No: GBH SOO2 H Yr Regn: 20181 June		
Estimated Cost:		Type: M.Car / M.Cycle / Bus Van / Lorry / Taxi / Prime Mover /		
OD/TP/WS/T	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehic	sle No:	Make: Toyota Hiace c.c 2982		
at Workshop m/s	S	Colour Silves - A/C: Insured / Std / NI / NA		
of		Sp.Reading 81235 T/Radio: Insured / Std / NI / NA		
Insured:		Eng/No:		
Policy No.		C/No: JTFHT02P900243172		
Claims No.	s et ett ett peta	Gen. Cond: Good / Fair / Poor / Burnt		
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or		
(Client's Recor	rd)	Brake: (norder / Jammed / Leaked / Burnt or		
Make of Veh:	the said leave the extended they and your large	Modi: Nil S/Rim / STD A/Rim or		
		Tyre Size: F: 185 R15 C		
(Policy Condition)		R: 195 R15 C.		
Remark: The ve	eh 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		
Bal. or Market V	/alue:	Front / Rear		
IDAC Accident Rport: Consistent?: Yes or No		R/Bal. R/Bal. mm		
GIA / PR Seer	n: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm		
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 24 03 21.		
Lum Sum:	% 3 Val.: Yes or No	Survey held at		
CA / REV /	REP. / 24 HRS	Des. of Damages: Frt Rear / O/S / N/S / U/C / Rooftop or		
	Vehicle: IN / OUT	" to block as Wision		
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.		
Date / Time	Action / Instruction TP (Lina.			
7-5-1-3-1				
fagual rea				
M√:				
PV:				
	Nett:			
		The state of the s		
Date/Time, File Par	: Preli. Report	Days Of Repair:		
: Final Report		Resurvey No. of Trip: Survey Fee:		
Date/Time, File Re		Transportation:		
2)	Add Fe			
		: Interview (\$) Photos		
Report Form		: Tech. Invs (3) Others		
Lump Sum / LBJ: (3		:Weel and (8		
		TOTAL		

SS1Y213O0004 / SME MOTOR PTE LTD ENTRY DATE & TIME: 24/03/2021 11:32 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (24/03/2021 11:32 (SGT))

SINGAPORE ACCIDENT STATEMENT

- 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 24/03/2021 11:32 (SGT) Date of Accident 23/03/2021 10:45 (SGT)

Exact Location of Accident 217 Bedok North Street 1, Singapore 460217

Additional Location Information CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH5002X

INSURED/POLICYHOLDER

Is company? Yes

CREATIVE BEVERAGE INGREDIENTS PTE LTD Name Of Registered Owner

Company Reg No 2XXXXX236M **Email Address** admin@cbi.com.sg Mobile Phone No (Phone) +65-67416638 Alternative Phone No (Office) +65-67416638

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace

Variant

Exact purpose for which vehicle was being used at time of Employment

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Commercial vehicle Vehicle Category

Transmission Manual CC 3000

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company

Comprehensive Type of Coverage

No Fleet Policy

5109649064-01 Policy Number

Cover Note Number

DRIVER

LEE CHURN MUN Name of Driver SXXXX087I NRIC No

Accident report SS1Y213O0004

Dato Of Birth 25/07/1971 Occupation Outdoor Date Of Driving Pass 21/09/1993

Driving experience 27 YEARS AND 6 MONTHS

Gender Male

Mobile Number (Phone) +65-98267866

Alt. Phone Number

Email Address is320920@hotmail.com

Address BLK 229 YISHUN ST 21 #11-560

Address complement

Postcode 760229 Is the driver the policyholder? No

If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles?

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 Hit and run / Vandalism / Damaged whilst parked

No

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? Yes Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

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

I WAS STATIONARY PARKED BEHIND M/LORRY (YM9542D) ALONG CARTPARK BLK 217 BEDOK NORTH AND PROCEED TO DELIVER MY GOODS. WHEN I CAME BACK TO MY VEHICLE, A PASSERBY INFORMED THAT M/LORRY (YM9542D) HAD REVERSED AND COLLIDED ONTO THE FRONT PORTION OF MY VEHICLE. I THEN APPROACHED THE LORRY DRIVER WHEN HE ADMITTED THAT WHILE REVERSING, HIS LORRY COLLIDED ONTO MY STATIONARY STOPPED VEHICLE.

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 YM9542D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle Vehicle Category QUEK CHAM SENG Name of Driver SXXXX995C NRIC No

 Contact Number

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident
 VEHICLE B

 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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 lodgment 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/faw 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time

Driver's Signature ilf driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.

I AMHORIZED SIME TO EMAIL THE GIA PERGET TO SM_ automotive @ hotmost. cogn.

SKETCH PLAN

		1 1	
	Bened 21-20	4	
B	- ZAM		A: GBH SOON
(B)	-XAM		B: Ym 95h

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONERY PARKED BEHIND MILDRAY YM 95420
ALONG CARPARK BLK DIX BEOOK NORTH AND PROCESS TO DELIVERY
MY GOODS, WHEN I CAME BACK TO MY VEHICLE WHEN A
PASSER BY INFORMED ME THAT MINORRY YM 9542D HAD
REVERSING AND COLLIDED ONTO THE FRONT PORTION OF MY
VEHICLE. I THEN APPROACHED THE LORRY DRIVER YM 9542D
WHEN HE ADMITTED THAT WHILE HE REVERSING HIS LORRY
COLLOGO ONTO MY STATIONERY STOP VEHICLE.

a Cutario

DECLARATION

I/We declare the foregoing particulars are true in ev

true in every respect.

Policyholder's signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: