## ASSIGNMENT

From: Date:	Veh No: Smm2628D, Yr Regn: 2019, June.
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
To Inspect Vehicle No:	Make: Toyota Noah c.c 1797
at Workshop m/s	Colour Black A/C: Insured / Std / NI / NA
of	Sp.Reading 1999 2 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: ZWR800377157*
Claims No.	Gen. Cond (Good) Fair / Poor / Burnt
Sum Insured: Excess:	Steering: (norder) Jammed / Leaked / Burnt or
(Client's Record)	Brake: (norder) Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil/IS/Rim / STD A/Rim or
AUSS AND SOR II NOT COMPT TO THE THE THE THE TREET OF	Tyre Size: F: 195/63 RIS
(Policy Condition)	R: 195/65R15.
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 Westlake
Bal, or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. Ob mm R/Bal. Ob mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A.
Lum Sum: % 3 Val.: Yes or No	Survey held at Carzon tent.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction  TPChine.	•
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Date/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fo	The second secon
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Report Format:	: Tech. Invs (\$) Others
Lump Sum / LBJ: (\$	:Westend (\$
	TOTAL

# 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
- 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**

29/03/2021 16:49 (SGT) Date of Submission 29/03/2021 10:00 (SGT) Date of Accident **Exact Location of Accident** Singapore ALONG ADAM ROAD TOWARDS FARRER ROAD TRAFFIC Additional Location Information LIGHT JUNCTION Singapore Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

Toyota

SMM2628D Vehicle Registration Number

#### INSURED/POLICYHOLDER

Yes Is company? H & H RENTAL & LEASING PTE LTD Name Of Registered Owner XXXXXX965Z Company Reg No squash ok1810@yahoo.com **Email Address** (Phone) +65-94788996 Mobile Phone No +65-94788996 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer NOAH HYBRID 7-SEATER 1.8X CVT Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission ..... 1797 CC

#### INSURANCE COMPANY

Allianz Insurance Singapore Pte. Ltd. Name of Insurance Company Type of Coverage Comprehensive No Fleet Policy SPMF1000000435 Policy Number 28/03/2021 TO 27/03/2022 Cover Note Number

#### DRIVER

OMAR-R-UDDIN ALI-KOPPE Name of Driver

SXXXXX123C NRIC No 18/10/1972 Date Of Birth Occupation Outdoor Date Of Driving Pass 29/07/2002 Driving experience 18 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-94788996 Alt. Phone Number Email Address squash\_ok1810@yahoo.com APT BLK 700A ANG MO KIO AVE 6 #20-304 (S) 561700 Address Address complement Postcode Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer 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 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) 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 REFER WITH ATTACH. 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 **GBK7522H** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver HO HUI HOA, AYLWIN

SXXXX740H

Contact Number .....

NRIC No

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	OMAR-R-UDDIN ALI-KOPPE
Address	APT BLK 700A ANG MO KIO AVE 6 #20-304 (S) 561700
Address Complement	J-
Post Code	•
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	SMM2628D
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 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. 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer , my w orkshop 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



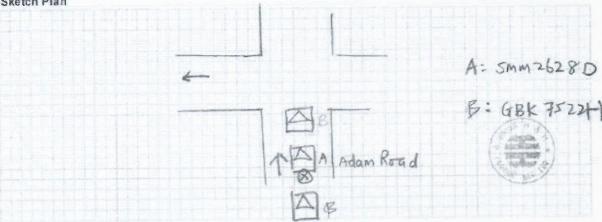
Policyholder's Signature / Date & Time

2021

er's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan



	rcumstance								
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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

29/03/2021 1250 WS Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Time