ASSIGNMENT From: Date: Estimated Cost:  OD_FEM WS ITP RESIDORES   EVA   IRV   IRV  To Inspect Vehicle No:  It Workshop m/s  of  Insured: Policy No.  Claims No.  Sum Insured: Policy Insured   Lasked   Burnt or  No.  No.  Sum Insured: Policy Insured   Lasked   Burnt or  No.  No.  Insured   Stid INI INI INI  No.  Sum   Insured   Stid INI INI INI  Track   Taller or  Insured   Stid INI INI INI  No.  Sum   Insured   Lasked   Burnt or  No.  No.  Insured   Lasked   Burnt or  No.  Insured   Lasked   Burnt o		21004411 1KV
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Truck   Trailer or	From: Date:	Veh No: JKR 800 // Yr Regn:
To Inspect Vehicle No:  at Workshop m/s  of Start Vehicle No:  at Workshop m/s  of Start Vehicle: Institution  at No.  Sum Institution  Action / Ins		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxt / Times
To inspect Vehicle No: at Workshop m/s  of o	OD TPAWS ITP RES ! OD RES ! EVA ! INV ! MY	Truck / flatier of 2/4/
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Insured: Ins	at Workshop m/s L(Am/C	Colour 10 - JIM
Policy No.  Claims No.  Sum Insured:  Excess:  (Clent's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bat or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Sun PR Sean:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bat or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  Sun PR Sean:  (Policy Condition)  Reas:  Reas:  Reas:  Read:  Read		Sp.Reading 522 45 T/Radio; Insured / Std / NI / NA
Claims No.  Claims No.  Claims No.  Sum insured:  Excess:  (Client's Record)  Make of Veh:  (Pokey Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Martel Value:  DAC Acodemit Ryort:  Consistent?: Yes or No.  SIA / PR Soun:  Consistent?: Yes or No.  SIA / PR Soun:  Consistent?: Yes or No.  SIA / REV / REP. / 24 HRS  Vehicla: IN / OUT  Date / Time  Action / Instruction  CNO:  TMA 14 3 5 / 3V J J C 8 / 8 / 8 / 8 / 8 / 8 / 8 / 8 / 8 / 8	Insured:	Eng/No:
Claims No.  Sum insured: Excess:   Gen. Cond. Good   Fair / Poor / Burnt   Steeding: Ino@atr / Jammed / Leaked / Burnt or   Steeding: Ino@atr / Jammed / Leaked / Burnt or   Steeding: Ino@atr / Jammed / Leaked / Burnt or   Mode of Veh:   Mode   Nill / Sirith / STD Airlin or   Tyre Stax: Ino@atr / Jammed / Leaked / Burnt or   Mode   Nill / Sirith / STD Airlin or   Tyre Stax:   F:	Policy No.	CNO: 7MA143513VJJO8161
Sum insured: Excess: (Client's Record)  Make of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  33.1 or Market Value:  DAC Accident Rport: Consistent?: Yes or No SIA: / PR Seen: Consistent?: Yes or No SIA: / PR Seen: Consistent?: Yes or No SIA: / PR Seen: Consistent?: Yes or No SIA: / REV / REP. / 24 HRS  At / REV / REP. / 24 HRS  At / REV / REP. / 24 HRS  Action / Instruction  Data / Time Action / Instruction  Data / Time Action / Instruction  Data / Time Action / Instruction  Days Of Repair:  Resurvey No. of Trip: Survey Fee: Invested in the survey fee: Interview (\$	Claims No.	
Brake: Ingetter   Jammed   Leaked   Burnt or	Sum Insured: Excess:	
Mod: NII I SRIm / STD ARIm or Tyre Size: F: 205 / 55R/6  Remark: The veh had commenced its repair at the time of inspection.  Sal or Market Value:  Consistent?: Yes or No SIA / PR Seen: Consistent?: Yes or No SIA / PR Seen: Consistent? Yes or No SIA / REV / REP. / 24 HRS  Which I Time Action / Instruction  Date / Time Action / Instruction  Add Fee: Site Insp (\$		
Tyre Size: F: 205/55RIB  Remark: The veh had commenced its repair at the time of inspection.  Sal. or Market Value:  DAC Accident Rport: Consistent?: Yes or No USA / PR Seen: Consistent?: Yes or No Um Sum: /-B/%, 3 Val.: Yes or No DA / REV / REP. / 24 HRS  Salo: Person Contacted:  Date / Time Action / Instruction  Tyre Size: F: 205/55RIB  R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHT SU / PIR / SUMI / TOYO / YOKO or Ne Yes / Piron		
Remark: The veh had commenced its repair at the time of inspection.   R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or		- 2001Een11
Remark: The veh had commenced its repair at the time of inspection.  Sal or Market Value:  DAC Accident Rport:  Consistent?: Yes or No SIA / PR Seen:  Consistent?: Yes or No DOAL 5 / Y/2 / DOAL 3 / B.20  Survey held at Des. of Damages: Frt / Pess? Y O/S / N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to collision.  Consistent?: Yes or No Doale / Time Action / Instruction  Days Of Repair:  Consistent?: Yes or No Doale / Time Action / Instruction  Days Of Repair:  Consistent?: Yes or No Doale / Time Action / Instruction  Days Of Repair:  Consistent?: Yes or No Doale / Time Action / Instruction  Days Of Repair:  Consistent?: Yes or No Doale / Time Action / Instruction  Days Of Repair:  Consistent?: Yes or No Doale / Time Action / Instruction  Days Of Repair:  Consistent?: Yes or No Doale / Time Action / Instruction  Days Of Repair:  Consistent?: Yes or No Doale / Time Action / Instruction  Days Of Repair:  Consistent?: Yes or No Doale / Time Action / Instruction  Consistent?: Yes or No Doale / Time Action / Instruction  Consistent?: Yes or No Doale / Time Action / Instruction  Consistent?: Yes or No Doale / Time Action / Instruction  Consistent?: Yes or No Doale / Time Action / Instruction  Consistent?: Yes or No Doale / Time Action / Instruction  Consistent?: Yes or No Doale / Time Action / Instruction  Consistent / Instruction  Consistent / Instruction  Consistent / Instruction  Consistent / Instruction  Co	(Policy Condition)	
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ist. Repairs: 03 days Res.: Yes or No  J. B. J. S. 3 Val.: Yes or No  A / REV / REP. / 24 HRS  ate: Person Contacted: Vehicle: IN / OUT  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  The U/C / Chassis frame / Body Structure affected due to collision.  Days Of Repair:  Final Report Resurvey No. of Trip: Survey Fee: Transportative Add Fee: Site Insp (\$ ) s-RS_SI Interview (\$ ) F. P. S. SI Interview (\$ ) F. P. S. SI Interview (\$ ) P. P. S. S. SI Interview (\$ ) P.		1 1 1 1
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		TOTAL

# 来發(明記)摩哆有限公司 LAI HUAT (MENG KEE) MOTOR PTE LTD

160 Sin Ming Drive #04-01, #04-02 & #07-03 Singapore 575722 Tel: 6453 8110 Fax: 6459 6267 GST No: M2-0128609-3 UEN: 199407592C SHANAPORE ACOIDEN

EST. No ....: EST0026940 Fong Sow Mun of 1 Your ref. ..... TP-SJN 6941C ECICS Payment ..... Date ..... 6/4/2021 Attn J. . . of Acc. ! ... 08/04/2021 17:50 (SQT) 05/04-2021 (6:02 (3GF) Vehicle No 11:: SKR 8689K Tishen Ave & Seeppons Vehicle Model: Hyundai i30 slip road from Visign Ann Accident on ... 5/4/2021 Quantity Unit Description Amount Disc. pct. Unit price Supply of Parts: 20.00 Bu 1.00 Pc 646.07 Rear bumper 807.59 1.00 Pc Rear bumper lower (black) 20.00 nu 164.68 205.85 1.00 Pc Rear bumper reinforcement 431.23 20.00 344.98 Fong Sow Mun SXXXX482H mail Autoresa long\_sow\_mum@moe.edu.sq Mobile Phone No Special nett item: (Phone) +65-96534150 Ascanding Phone No +65-96534150 Del 35.00 1.00 Pc Rear number plate 35.00 WEMCLE PARTICULA Labour & Misc: Mam facturer To knock dents on rear end panel and renew 350.00 1.00 arignt of parts as I curpose for which versicle was being used at time of 450.00 450.00 1.00 To spray paint Private use isurance policy for repair to cour vehicle? No-1 whice Category Privari LKK Auto Consultants hence notify Auto the Repairer of the following: 1353 To resurvey before/after spray painting To display damaged part(s) during resurvey · Parts prices are subject to confirmation MEDRANIE COME WAY . Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed Name of insurance Company · Supplementary item(s) must be resurveyed and ,990.73 Sub-Tota Type of Coverage is subject to final approval from Insurance Company 139.35 GST 7.00% Fleet Policy S\$ 2,130.08 Total Policy Number Acknowledged by Repairer Cover Note Number Signature: 公司拥有最先进的 CAROLINER MARK IV 机械,可提供给金 种种式的车身及给于快速与准确的测量方式和大铁修理。 :外,还有先进的 SAICO Deluxe 喷漆烘炉。

Our services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the support olly system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO

a oven heater for re-spraying all motor vehicles."

# **©** 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 mouths 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 was because the transfer of the properties of the report being made available aforesaid.

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 **Date of Accident Exact Location of Accident** Additional Location Information Country/State of Loss

06/04/2021 17:50 (SGT) 05/04/2021 16:02 (SGT) Yishun Ave 7, Singapore slip road from Yishun Avenue 7 towards Sembawang Road Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SKR8689K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No. **Email Address** Mobile Phone No Alternative Phone No

Fong Sow Mun SXXXX482H fong\_sow\_mum@moe.edu.sg (Phone) +65-96534150 +65-96534150

VEHICLE PARTICULARS

Manufacturer 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 **Transmission** CC

130

Private use

Hyundai

No - Claiming third party Private car

Auto 1353

INSURANCE COMPANY

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

AIG Asia Pacific Insurance Pte. Ltd. Comprehensive

No

7210013880

DRIVER

Name of Driver NRIC No

Fong Sow Mun SXXXX482H

Accident report SL0321460007

Page 1 of 10

- 3. Information provided must be as truthful and accurate as possible. Any wiful insrepresentation or withholding of insterial facts allow insurance companies to reputitive nethernal records. 4. The issue and acceptance of this Formby insurance companies is not an admission of policy tability on the part of the insurance companies.

  - 6. The report will be forwarded by the insurers of the GA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that age to a first second standard second standard second standard second second standard second seco

  - 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 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 at report. report being made available aforesaxt.
- 8. Consent under the Personal Data Protection Act (PDPA)

Funderstand, 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 house of 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 up history. 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;
- (ii) 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 GM to their third party service providers or agents (including their law yers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Policyholder's Signature / Date & 6 APR 2021 Personnel & Time Sketch Plan Gambos Bul Tishun Ave

Page 4 c

Jenny Lim