ASSIGNMENT

Veh No: Smu3208 J. Yr Regn: Dol Jec Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: at Workshop m/s of Policy No. Claims No. Sum Insured: Client's Record) Make: Make: Make
To Inspect Vehicle No: at Workshop m/s of Sp.Reading Sp.Reading T/Radio: Insured / Std / NI / NA Sp.Reading
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at Workshop m/s of Sp.Reading 19365 T/Radio: Insured / Std / NI / NA Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: Colour While: A/C: Insured / Std / NI / NA Sp.Reading 19365 T/Radio: Insured / Std / NI / NA Sp.Reading 19
Sp.Reading 19365 T/Radio: Insured / Std / NI / NA Insured: Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: Sp.Reading 19365 T/Radio: Insured / Std / NI / NA Eng/No: C/No: WDD1771462W0*32838 Gen. Cond Good / Fair / Poor / Burnt Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 225/43R/8
Policy No. Claims No. Sum Insured: (Client's Record) Make of Veh: C/No: WDD1771462W0-32838 Gen. Cond. Good.) Fair / Poor / Burnt Steering: Inorder. Jammed / Leaked / Burnt or Brake: Inorder. Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 225/45R/8 -
Claims No. Sum Insured: Excess: Steering: Inorder Jammed Leaked Burnt or Brake: Inorder Jammed Leaked Burnt or Modi: Nil S/Rim STD A/Rim or Tyre Size: F: 225/43R/8
Sum Insured: (Client's Record) Make of Veh: Steering: Inorder Jammed / Leaked / Burnt or Brake: Inorder Jammed / Leaked / Burnt or Modi: Nil / S/Rim / STD A/Rim or Tyre Size: F: 225/45R/8
(Client's Record) Make of Veh: Brake: Inorder/ Jammed / Leaked / Burnt or Modi: Nil/ S/Rim / STD A/Rim or Tyre Size: F: 225/45R/8
Modi: Nil 7 S/Rim / STD A/Rim or Tyre Size: F: 225/45R/8
Tyre Size: F: 225/45R/8 -
215145818
P. 225145R18.
(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.
Bal. or Market Value: Front / Rear
IDAC Accident Rport: Consistent?: Yes or No R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen: Consistent?: Yes or No L/Bal. Q6 mm L/Bal. O6 mm
Est. Repairs: days Res.: Yes or No D.O.A. D.O.I. 05/05/al.
Lum Sum: % 3 Val.: Yes or No Survey held at Kinner.
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
19 INC.
M ✓ :
PV:
Nett:
Date/Time, File Pass to? : Preli. Report Days Of Repair:
Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?
Add Fee: Site Insp (\$)_s+Rs_si
2) : Interview (\$) Photos
Report vitues.
Lump Sum / I.B.J: (\$:Weel end (\$

SS1Y214Q0009 / SME MOTOR PTE LTD ENTRY DATE & TIME: 26/04/2021 13:50 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (26/04/2021 13:50 (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 26/04/2021 13:50 (SGT) Date of Accident 24/04/2021 12:55 (SGT) **Exact Location of Accident** Bedok Reservoir Rd, Singapore Additional Location Information BLK 740-742 CARPARK LOT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU3208J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM KENG POH ALAN NRIC No SXXXX543Z Email Address alanlimkp@yahoo.com.sg Mobile Phone No (Phone) +65-91033337

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Mercedes Model A250 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

Private use

+65-91033337

No - Claiming third party Private car

Auto 2000

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy D20MTPV01011317

Policy Number Cover Note Number

DRIVER

LIM KENG POH ALAN Name of Driver SXXXX543Z NRIC No

Accident report SS1Y214Q0009

Date Of Birth 07/03/1975 Occupation Indoor Date Of Driving Pass 15/03/1995 Driving experience 26 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-91033337 Alt. Phone Number +65-91033337 **Email Address** alanlimkp@yahoo.com.sg Address 768 BEDOK RESERVOIR ROAD #02-26 Address complement Postcode 479249 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 - Change/cross lane 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) 2 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 Name SUSHANNI Gender Female 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

ON 24/04/2021 AT ABOUT 12.55PM, I WAS DRIVING MY VEHICLE (SMU3208J) PROCEEDING OUT FROM CARPARK (BLK 740-742). WHEN I MAKE A RIGHT TURNING, I STOPPED MY VEHICLE IN STATIONARY DUE TO GIVING WAY TO VEHICLE (SLS7469T) COMING FROM MY RIGHT AS HE SEEM CUTTING TO MY LANE. A MOMENT LATER, (SLS7469T) HIT DIRECTLY TO MY VEHICLE REAR RIGHT PORTION. I IMMEDIATELY HORN AND STOPPED FROM PROCEEDING FORWARD. HE THEN REVERSED HIS VEHICLE. WE ALIGHTED, THE DRIVER WAS APOLOGETIC AND HIS WIFE SAID SHE HAD TOLD HIM TO STOP

BUT HE DIDN'T. THAT'S ALL.

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 SLS7469T
Vehicle Manufacturer -



Vehicle Model	•
Vehicle Variant	2
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	1=1
Address complement	_
Postcode	25
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	

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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) 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

Oriver's Signature (If driver is not the policyhol

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Yi Heng Motor Workshop via email: yihengmotorworkshop@yahoo.com.sg

Signature :

SKETCH PLAN			and the second control of the second control	-
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B-8157	4697		AB	E
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT			
On suly	2021@a	Sant 1	2.55pm. 1 c	205
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ECLARATION We declare the foregoing particular	· Nun			
olicyboliter's Signature ate & Time:	Driver (Signature (If driver is not the policy) Date & Time:	holder) .	Reporting Centre Personnel's: Name: NRIC/FIN No.:	Signature

SOARMA Septembersions 94