ASS, PEG, BY:	REF: CS3/CT	Tl21005833/Aqc
	A	SSIGNMENT
From:	Date:	Veh No: SMJ9687C . Yr Regn: 2019, March
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EV	/A / INV / MV	Truck / Trailer ਹਾਂ
To Inspect Vehicle No:		Make: Toyota, Monh Hobrid c.c 1797
at Workshop m/s	Charles of Collection 1 in	Colour While · A/C Insured / Std / NI / NA
of	. Head has been been	Sp.Reading (65973 T/Radio: Insured / Std / NI / NA
Insured:	mag.	Eng/No:
Policy No.		C/No: ZWRS00366698 .
Claims No. SNM21D2	202753/C02	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder: Jammed / Leaked / Burnt or
(Client's Record)		Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	malaya .	Modi: Nil (S/Rim) STD A/Rim or
	40	Tyre Size: F: 185/65/215
(Policy Condition)		R: 195/65R15.
Remark: The veh had commenced it:		BS DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI /
repair at the time of inspec	tion.	TOYO/YOKO or
Bal. or Market Value:	1000	Front / Rear
IDAC Accident Rport: Con	nsistent?: Yes or No	R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen:Con	sistent?: Yes or No	L/Bal. 96 mm L/Bal. 06 mm
Est. Repairs: 7 days	Res.: Yes or No	D.O.A. D.O.I. 17/05/21.
Lum Sum: %	3 Val.: Yes or No	Survey held at 365.
CA / REV / REP. / 24 HRS	Vehicle: IN /	Des. of Damages : Frt / Rear O/S / N/S U/O / Rooftop or
Date: Person Contac		The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time   Action / Instruction		Powerful.
18 China	PRS.	
	nge of COR: \$5500	0-\$6500; 7 repair days.
18/06/21 Submit PRS.	2007	
mv: PV:		TWIN AUTOMORPHI A PORTIGUE AT FORE
Nett,		
/ICI	TO AND DOOR	r sa red ybranien balances

Date/Time, File Pass to? : Preli. Report	Day	s Of Repair: 7		
18/06/20 Typist : Final Report	Resurvey No. of Trip: 2		2	Survey Fee:
Date/Time, File Return to?		-		Transportation:
2)	Add Fee:	: Site Insp (\$		)S ÷ RSSI
guidante sonte (con tonos:		: Interview (\$		) Photos
Report Format: MER-PRS		: Tech. Invs (\$		) Others
Lump Sum / I.B.I: (\$	)	:Weel end (\$		
The second secon		new papers		TOTAL

SJ08215C0001 / JOO HAK KEE AUTO PTE LTD ENTRY DATE & TIME: 12/05/2021 13:31 (SGT) SUBMITTED BY: Poh Shi Min VERSION: 1 (12/05/2021 13:31 (SGT))

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- Please report correctly the details of the accident to speed up the craims process.
   This Form r just be completed by the Policyholder and/or the Authorised Driver
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

- 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 Date of Accident **Exact Location of Accident** 

Additional Location Information Country/State of Loss

12/05/2021 13:31 (SGT) 12/05/2021 07:00 (SGT) Yio Chu Kang, Singapore YIO CHU KANG ROAD Singapore

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMJ9687C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No

Yes

ASIA EXPRESS CAR RENTAL PTE LTD

2XXXXX882D

PEIJIE@EXPRESSCAR.COM.SG

(Phone) +65-92342543

+65-0

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

Toyota Noah

Private hire

No - Claiming third party

Private hire

Auto

1797

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd

ThirdPartyFireTheft

Yes

5121569529

5121569529-000265

DRIVER

Name of Driver NRIC No

LIM TECK LEONG SXXXX767E

Accident report SJ08215C00C1

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

25/02/1962 Outdoor 05/09/2003 17 YEARS AND 8 MONTHS

Male

(Phone) +65-86089399

PEIJIE@EXPRESSCAR.COM.SG BLK 446A JALAN KAYU #21-308

791446 No Hirer

No

## GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Change/cross lane

Dry

No

Yes

No

Yes

3

No

2

### OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender MARY TEO CHOO MOY

Female

LIM HUI VENUS Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No. Police Station Address

Was notice of intended Prosecution given? If yes, against whom?

Toa Payoh Neighbourhood Police Centre (Phone) +65-18002519999

(Fax) +65-63548749

93 Toa Payoh Central Toa Payoh Community Building #01-02

Singapore 319194

No

CIRCUMSTANCES OF ACCIDENT

## REFER TO SKETCH PLAN AND POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBB6605G Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of D iver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passer ger (Including Driver)

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	LIM TECK LEONG
Address	EIW TECK ELONG
Address Complement	-
Post Code	E. 15
Approximate Age Years Old	A 5
Injuries Sustained	
Injured person in which vehicle?	SMJ9687C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	Yes

		Describe Circumstances of the Accident		
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			The second secon	
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		21/		
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		/		

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnal

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Folicyholder 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
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- 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 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' 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' lawyers/law firms, may/are permitted to collect, use, disclose and/or process m, 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

Driver's Signature (# griver is not the policyholder) / Date & Time

Witnessed by Resorting Centre Personnel

Sketch Plan

4: SMJ9687C

B. GBB6605G

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