-EF- CS 3/4/92/0060/8/7/0/3. ASSIGNMENT SMM7879M Yr Regn. 2019 July Veh No: From Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD /TP /WS / TP RES / OD RES / EVA / INV / MV Make: To Inspect Vehicle No: Colour at Wortshop m/s = T/Radio: Insured | Std / NI / NA Sp.Reading Eng/No: Insured: SMT 7058D C/No: Policy No. 2070105697 Gen. Cond: 1600 / Fair / Poor / Burn! Claims No. 1317841073SG Steering: Inforder / Jammed / Leaked / Burnt or Sum Insured: Brake: Inorder / Jammed / Leaked / Burnt or (Client's Record) Modi: Nil / SVRigh / STD A/Rim or Make of Veh: Tyre Size: -(Paticy Condition) dis BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU PIR / SUM! / NIS Remark: The veh had commenced its Gyremax repair at the time of inspection. TOYO / YOKO OT Front Rear bai, or Market Value: R/Bal. Consistent?: Yes or No IDAC Accident Rport 1 /Bal. Consistent?: Yes or No GIA / PR Seen: D.O.I. D.O.A. 14/5/21 Res.: Yes or No Est, Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages . Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: Date: The U/C / Chassis frame / Body Structure affected due to collision Action / Instruction Date / Time Submit DAR 9/6/21 Date/Time, File Pass to? Days Of Repair: : Prell. Report : Final Report Resurvey No. of Trip: Survey --Date/Time, File Return In? Transportation Add Fee: Site Insp (\$ S+RE_SI 2) 9/6/21-Typist Interview 1\$ Photos Fertilia. DAR Tean Inc. (5 LEILE SHIT! LESTIC Man and the

SK0J215G0005 / K. KIM HIN AUTO PTE LTD ENTRY DATE & TIME: 16/05/2021 11:07 (SGT) SUBMITTED BY: Sandra Khong VERSION: 1 (16/05/2021 11:07 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

IMPORIANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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.

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

16/05/2021 11:07 (SGT) 14/05/2021 16:00 (SGT) Singapore **BUKIT TIMAH ROAD** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMM7879M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No

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

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No

Accident report SK0J215G0005

Yes ADVANCE LIMO & RENTAL PTE LTD 2XXXXX694C NASH@ADVANCE.LIMO (Phone) +65-86878898 +65-86878898

Honda Freed

No - Claiming third party Private hire Auto 0

MSIG Insurance (Singapore) Pte. Ltd. Comprehensive No B300331482MCX

HUANG LINGTING SXXXX281I

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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

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

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?

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN.

ATTACHMENT(S)

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

09/09/1974 Outdoor 16/04/2012 9 YEARS AND 1 MONTH Female

(Phone) +65-91899186

NASH@ADVANCE.LIMO BLK 131B KIM TIAN ROAD #18-171

-162131 No Hirer No

Collision - Head to Rear

Clear Dry

No

No

Yes 3

No

PASSENGER

Male

PASSENGER

Male

S

Bukit Merah East Neighbourhood Police Centre (Phone) +65-18002369999 (Fax) +65-62204360 391 New Bridge Road Police Cantonment Complex Block A Singapore 088762

No

Yes No No

Accident report SK0J215G0005

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Passport No/FIN Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

SMT7058D
Private car
QIN SHIYUE
GXXXX721K
-

SKETCH PLAN

IMPORTANT NOTICE

- Pleasure report correctly has to take of the accepted to speed up the claims arecess
- Piles Poul rust be completed by the Policyholder and/or the Authorized Driver
- 3. Homeologic proyection exist to as truthful and occurate as possible. Any wifu inscept essectation or with pattern of material facts may allow insurance complimes to repudiate policy lightity
- The same and acceptance of this Form by easie the companies in not an subvission of policy liability on the part of the insurance comparison
- 5 Any false reporting may be referred to the Poince for investigation
- 6 The report will be torwanded by the insurans of the GM Records Management Centre established by the General Insurance Association of Singlepure (GM) for archiving and that copies of this report will for a fee be made available upon application by eiterested parties.
- 7 By the lodgement of this report to the insurers, you hereby consent to the archiving of this separt at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PGPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer in region and the Godard Insurance Association of Singapore (IGIA) may are permitted to collect, use disclose and/or process my personal sata/personal information and out in this (form) and any other personal information provided by the or pussessed by my insurer (outcolvely the "Personal Information") and disclose and transfer such Personal Information to all insurering who have insured vehicle(s) involved in this accident (all insurering) who have insured vehicle(s) involved in this accident shall be collectively referred to as the Insurers'), the mounts' law yers/law firms the Monetary Authority of Singapore and any relievant government agency/authority (such as the police), for the purpose(s) of
- (a processing frauding and/or depting with my claims including the sublement of the claims and any necessary investigations relating to
- (i) investigating the accident and/or my claims,
- (iii) carrying out and/or dealing will-lary instructions or responding to any enquiries by me,
- by carriestering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of curtain presented data about me to bring about deevery of the same as well as on the external cover of envelopesamen packages), and/or
- (v) complying with applicable law in administering processing roanding and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) evidived in this accident and the insurers, it wivers away from implicit permitted to collect use disclose and/or process my Personal Interrating for one or were of the above Persones, and
- (c) my Personal Informacion may been be disclosed by any of the Insurers and/or GA to their third party service providers or (which dieg they law yets law. firm.), which may be safed extade of Singapare. For one or more of the above Purposes

Sketch Plan

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