| ASSI RECEIVE   | 2008584/Kqc  |
|--|--|
| Mexnork A  | SSIGNMENT  |
| From: Date:  | Veh Ma: SME. 67678 Yr Regn: 10, 18   |
| Explusive Cont   | Type: Al.Car   M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /  |
| COLITECTIVE LIE RESTOO RESTEVALINY LMY   | Truck / Trailer or   |
| To Inspect Visible No:   | Male: Kir Cerate co 1591   |
| of Workship mile RC  | Cobur Black AC: Insured / Std / NI / NA  |
| Ø.   | Sp.Reading 190734 T/Radio: Insured / Std / NI / NA   |
| hered  | Eng/No:  |
| Polity No.   | CNa KNA1=3 4 16MK 5017188  |
| Ctains No. S1M03FOM  | Gen. Cond: 8500 / Fair / Poor / Burnt  |
| Sum Insured: Excess:   | Steering: Inorder Jammed / Leaked / Burnt or   |
| (Client's Record)  | Brake: Inoxer/Jammed/Leaked/Burnt or   |
| Mate of Veh:   | Modi: Nii / Strim / STD A/Rim or   |
|  | Tyre Stre: F: 225/807818   |
| (Policy Condition)   | R:   |
| Remark: The veh had commenced its N/S O/S  |  |
| repair at the time of inspection.  | BS / DUN / EXNOVA / GY / FS / LIZA MIC OHTSU / PIR / SUMI /  |
| Bat or Market Value: 6 68/   |  |
| IDAC Accident Rport: Consistent? : Yes or No   | Eron) Rear   |
| GIA / PR Seen: Consistent? : Yes or No   | R/Bal. 6 mm R/Bal. 6 mm  |
| Est. Repairs: Ob days Res.: Yes or No  | L/Bal. 6 mm L/Bal. 6 mm  |
| 0.   | D.O.A. 13/8/21 D.O.I. 17/8/202   |
| The second secon | Survey held at   |
| CA / REV / REP. / 24 HRS   | Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or   |
| Date:Person Contacted: Vehicle: IN / OUT   | NIS bedy   |
| Date / Time   Action / Instruction   | The U/C / Chassis frame / Body Structure affected due to collision.  |
| / Est not reads  | 100 100 100 100 100 100 100 100 100 100  |
| 18/08/21@4pm Informed Kitty Teo, we are pe   | nding for estimate from repairer.  |
| 26/08/21@4.28pm revised to Kitty Teo via Sm  | nart Claims.   |
| Kenneth confirmed LS \$3850 (Red \$  | 33926, 50%)  |
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| Date/Time, File Pass to? : Prell. Report Da  |  |
| 06/00 Typict   | ys Of Repair: 6  |
| Duto/Time, File Return to?   | survey No. of Trip: Survey Fee:  |
| And the second s | Transportation:  |
| Add Fee:   | : Site Insp (\$ )_s - Rs_si  |
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|  | 1074L  |
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## **SINGAPORE ACCIDENT STATEMENT**

1. Please report correctly the details of the accident to speed up the claims process.

1. Frease 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 hability 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

14/08/2021 16:52 (SGT) 13/08/2021 18:45 (SGT)

Cross St, Singapore

Chinatown - Cross Street towards CTE (few metre after China

Street)

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SME6767B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** Mobile Phone No

Alternative Phone No

Chan Ying Nee Patricia

S69077091

clementwai1206@gmail.com

(Phone) +65-81897608

(Home) +65-81897608

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Kia

Cerato

Private use

No - Claiming third party

Private car

Auto

1599

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

India International Insurance Pte Ltd

Comprehensive

No

D20MPC0005967

DRIVER

Alama of Delina

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tWe declare the foregoing particulars are true in every respect.