ASSIGNMENT

From.	Date:	Veh No: SKW9459)	4 Yr Regn: 2015, Nov	
Estimated Cost	THE PROPERTY OF THE PARTY OF TH	Type M.Car M.Cycle / Bus / Van / Lo	orry / Taxi / Prime Mover /	
OD/TP/WS/	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Vehi	icle No:	Make: Toyota Alpl	A/C: Insured / Std / NI / NA	
at Workshop m/	/s	Colour While	A/C: Insured / Std / NI / NA	
of	let yn have the clischarge voorber	Sp.Reading 111052	T/Radio: Insured / Std / NI / NA	
Insured:		Eng/No:		
Policy No.		C/No: JTXGF3DI	H 408003124	
Claims No.	er postan sa em entre	Gen. Cond: Good / Fair / Poor / Burnt		
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked /	Burnt or	
(Client's Reco	ord)	Brake: inorder / Jammed / Leaked /	Burnt or	
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or		
	School September 1	Tyre Size: F: 235/50	<18-	
(Policy Condit	tion)	R: 035/50	DRIS.	
Remark: The veh had commenced its N/S O/S		O/S BS / DUN / EXNOVA / GY / FS / LIZA /	BS / DUN / EXNOVA / GY / FS / LIZA / MIC) OHTSU / PIR / SUMI /	
repair	r at the time of inspection.	TOYO/YOKO or	22.04	
Bal. or Market \	√alue:	Front	Rear	
IDAC Accident Rport: Consistent? : Yes or No		R/Bal. 06 mm	R/Bal. 0 mm	
GIA / PR See	en: Consistent?: Yes or No	L/Bal. 06 mm	L/Bal. 06 mm	
Est. Repairs:	days Res.: Yes or No	D.O.A.	D.O.I. 18/08/21.	
Lum Sum:	% 3 Val.: Yes or No	'Survey held at Kal		
CA / REV	/ REP. / 24 HRS	Des. of Damages : Frt / Rear O/S	N/S / U/C / Rooftop or	
	Vehicle: IN /			
	Person Contacted:	The U/C / Chassis frame / Body	Structure affected due to collision.	
Date / Time	Action / Instruction			
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	W/0.780 (127)			
	M √ :			
	PV:			
15 10	Nett:			
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	0.0000000000000000000000000000000000000			
Date/Time, File Pa	: Preli. Report	Days Of Repair:		
1)	: Final Report	Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Return to?			Transportation:	
2) . Add Fee)S+RS,SI	
	** The state of th	: Interview (\$) Photos	
Report Format:		: Tech. Invs (3) Others	
Lump Sum	/ L.B.J: (\$: West end (\$	and the state of t	

SA19218B0006 / AH LIM MOTOR COMPANY (MAIN) ENTRY DATE & TIME: 11/08/2021 14:42 (SGT) SUBMITTED BY: EILEEN CHUA VERSION: 1 (11/08/2021 14:42 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 11/08/2021 14:42 (SGT) Date of Accident 11/08/2021 10:15 (SGT) Exact Location of Accident Singapore Additional Location Information OUTSIDE YIO CHU KANG MRT STATION Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW9459A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE KOK HIANG NRIC No SXXXX433A KIMLEEKH2626@GMAIL.COM **Email Address** Mobile Phone No (Phone) +65-90233611 Alternative Phone No +65-90233611

VEHICLE PARTICULARS

Manufacturer Model ALPHARD 2.5 CVT ELEGANCE S/R Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 2494

INSURANCE COMPANY

Tokio Marine Insurance Singapore Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy Policy Number 20-MT109362-R02 Cover Note Number 23/11/2020 - 22/11/2021

DRIVER

Name of Driver LEE KOK HIANG NRIC No SXXXX433A

Date Of Birth 26/07/1976 Occupation Indoor Date Of Driving Pass 02/05/1995 Driving experience 26 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-90233611 Alt. Phone Number +65-90233611 **Email Address** KIMLEEKH2626@GMAIL.COM Address 113 SELETAR GREEN VIEW Address complement Postcode 805110 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 - Opening Door of Vehicle Weather Conditions 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 vehicle or property damaged? YAS Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name WAR WAR OO 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 REFER TO THE ATTACHED SKETCH PLAN BY DRIVER. 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 SHD2147G Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Taxi

Vehicle Category

Name of Driver	ROSLEE BIN HUSAIN
NRIC No	SXXXX911J
Contact Number	3////9113
Address	
Address complement	
Postcode	
Insurance Company Name	A TOTAL CONTRACT OF THE
Nature Of Damage	dull surfaces Adi
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

Vehicle A: 5KW94		cation: Outside Yo Chu Cang MRT S 476 Vehicle C:
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		Yio chu kang
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SCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	Consequence of the consequence o
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		ve past Vehicle B and
suddenly her	ard a bang on my ry	gnt side.
		e left passenger back door
and the olow	scratch my car.	
	Roslee Bin Husain 517529115	
Claim OD/TP at Ah I		
Remarks: Please forward My workshop:	d a copy of my efile accident report to	:
Email address		
& myself :		
Email address :		
	hat your insurer have 14 days timefrar heck with your own insurer for more i	ne for you to submit own damage claim under nformation.
ECLARATION		C. M. A.
	ticulars are true in every respect.	
		TOP WIT
Dullulian		
plicyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
bleutilized of policyholder's Signature ate & Time: 11 [8 [2]	THE THEORY AND THE PROPERTY OF	

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 reoudiate 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.
- 5. 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
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 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 insurers) 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

Deillillion

11/0/21

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.: