ASSIGNMENT

Freto:	Veh No: SMC 23984	· Yr Regn: 2018 June	
From: Date:	Type: M:Car/ M.Cycle / Bus / Van / Lo		
Estimated Cost:	Truck / Trailer or		
OD / TP / WS / TP RES / OD RES / EVA / INV / MV		cc 1486	
To Inspect Vehicle No:	Colour Silves.	A/C: Insured / Std / NI / NA	
at Workshop m/s	Sp.Reading 79596	T/Radio: Insured / Std / NI / NA	
of	Eng/No:		
Insured:		3501122670	
Policy No.	Gen. Cond. Good / Fair / Poor / Burnt		
Claims No.	Steering: Inorder / Jammed / Leaked		
Sum Insured: Excess:		Brake: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Modi: Nil (S/Rim / STD A/Rim o		
Make of Veh:			
	Tyre Size: F: 185/6	1/08/5	
(Policy Condition)			
Remark: The veh had commenced its repair at the time of inspection.			
repair at the time of inspection.	TOYO / YOKO or	Door	
Bal. or Market Value:	R/Bal. 42 mm	Rear R/Bal. el mm	
IDAC Accident Rport: Consistent? : Yes or No	1.5.1	L/Bal. 26 mm	
GIA / PR Seen: Consistent? : Yes or No	D.O.A. mm	2-1 2/21	
Est. Repairs: days Res.: Yes or No	- Va-		
Lum Sum: % 3 Val.: Yes or No	Curroy note at		
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S	1 N/3 / O/C / Kookop of	
Date: Person Contacted:	: IN / OUT The U/C / Chassis frame / Boo	ly Structure affected due to collision.	
Date / Time Action / Instruction			
Pann.	•		
	10.56s, 8.5(cm)		
m∨ :	tation (naturally, light is grean at their for		
PV:	<u> </u>		
Nett;			
0.1			
Date/Time, File Pass to? : Preli. Report	Days Of Repair:		
; Final Report	Resurvey No. of Trip:	Survey Fee:	
Date/Time, File Return to?		Transportation:	
2)	Add Fee: Site Insp (\$)\$+RSSI	
Marketine of Fall Reserved.	: Interview (\$) Photos	
Report Formet:	: Tech. Invs (\$) (tihers	
Lump 2 mm / LB.E. (%	:Weetend (\$	1	

SK0M218R0002 / KANG CAR REPAIRERS PTE LTD ENTRY DATE & TIME: 27/08/2021 16:30 (SGT) SUBMITTED BY: SHARON YEE VERSION: 1 (27/08/2021 16:30 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT 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.

In elissue and acceptance of this Form by insurance companies is not all admission of policy flability of the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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

27/08/2021 16:30 (SGT) 27/08/2021 12:45 (SGT) Singapore OPEN CARPARK AT BLK 201-204 HOUGANG ST 21 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMC2398U

INSURED/POLICYHOLDER

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

Yes COMFORTDELGRO DRVIING CENTRE PTE LTD 1XXXXX882C DARYLTAN@CDC.COM.SG (Phone) +65-90072819 +65-90072819

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 Vios

Employment

No - Claiming third party Private car Auto 1500

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number India International Insurance Pte Ltd Comprehensive

Yes

D20MFL0000618

DRIVER

Name of Driver NRIC No

CHUA WEE LAM SXXXX459I



 Date Of Birth
 21/10/1974

 Occupation
 Outdoor

 Date Of Driving Pass
 28/06/1996

 Driving experience
 25 YEARS AND 2 MONTHS

 Gender
 Male

Email Address DARYLTAN@CDC.COM.SG
Address BLK 353A ANCHORVALE LANE #02-89
Address complement -

Postcode 541353
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Employee
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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

No
Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Yes
Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 27 /08/2021 AT 12:45PM, I WAS STOPPING AT CARPARK (HG9) OF BLK 201-204 HOUGANG ST 21 WHEN A 3RD PARTY VEHICLE (YQ217G) REVERSED AND COLLIDED INTO THE REAR OF MY VEHICLE (SMC2398U)

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Vehicle Category

Vang XUE DONG

Contact Number

Address

YQ217G

Hino

Commercial

Commercial vehicle

YANG XUE DONG

(Phone) +65-88090924



Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GM Records Management Centre established by the General Insurance Association of Singapore (GM) 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lundersland, 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;
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

& O

Policyholder's Signature / Date : Time 2011 - 011

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

Witnessed by Reporting Centra Personnel

Sketch Plan

Corpork (469)
Blk 201 - 204 reves
Hongay Street

A: SMC 23984 B: YQ2176

On 27 Ang 2021 a	of about 1245 pm I was stopping at gay street 21 when a 3rd party wehn yax 7 9 pourse of, estimal two the	Carpete (469) of
13/E 201 - 204 Han	gay sheet I when a six party weh	ile derning
(ch 2398 4)	TUNITY TOUSE &, collider into the	new of my verice
SMC 27 10 W).		
DTE - PLEASE NOTE THAT YOUR	INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBM	MIT AN OWN DAMAGE CLAIM UNDER
	CK YOUR POLICY FOR MORE INFORMATION.	
2011 01111 0000 111 00100 0110		
claration		
e declare the foregoing particular	s are true in every respect.	
4774		
01) 11	1
(A) (E)	W. Mu	9
M Common of the		
cyholder's Signature / Date &	Oriver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre