ASS. REO. BY:	21010218/KT				
Kenneth	ASSIGNMENT				
From: Date:	Veh No: SLW 4542M Yr Regn: 02, 18				
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
QD VTP WS ITP RES I OD RES I EVA I INV I MV	Truck / Traller or				
To Inspect Vehicle No:	Make: Marle 2 1491				
at Workshop m/s R C	2 0.0				
of	20 7 MISUTED I SIGINIT NA				
Insured:	Sp.Reading 3 # 5 9 7 T/Radio: Insured / Std / NI / NA Eng/No:				
Policy No.					
Claims No.	C/No: TM 60 J 21 + A A 01 200 24 Gen. Cond: Good/ Fair / Poor / Burnt				
Sum Insured: Excess:					
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or				
Make of Veh:	Brake: Ingrder / Jammed / Leaked / Burnt or				
	Modi: NII / S/Rim / STD AJRim or				
(Policy Condition)	Tyre Size: F: Yoko 185/85R15				
Domesto VI.	WS RS / BUINT EXPLOYA 1 OV 1 TO 1				
repair at the time of inspection.	BS I POR EXNOVA I GY I FS I LIZA I MIC I OHTSU I PIR I SUMI I				
Bal. or Market Value:	TOYO / YOKO or				
IDAC Accident Rport: Consistent? : Yes or No	Fron! Rear				
GIA / PR Seen: Consistent?: Yes or No	R/Bal. 7 mm R/Bal. 3 mm				
Est. Repairs: 2-4 days Res.: Yes or No	L/Bal. 3 mm				
_	D.O.A. 2/10/21 D.O.I. 5/10/2021				
Lum Sum: % 3 Val.: Yes or No	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 / O	UT Nea N/S				
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.				
/ Est not ready					
0					
1411 B 1398.64 Carpin rec	1:537.36;27%				
Onta/Turo, File Pass to? : Prell. Report	Days Of Repair: 3				
1) : Final Report	Decument of the second of the				
Cute/Firme, File Return to?					
Add Fe	e: Site Insp (\$) S. RS SI				
•	Intended (\$				
Report Format :	Toch lave (\$				
Lump Sum / I.B.I: (S					
	Weekend (\$				

TOTAL

SL0321A40007 / Lai Fluat (Meng Kee) Motor Pte Ltd ENTRY DATE & TIME: -SUBMITTED BY: [To Be Confirmed] VERSION: 1 (04/10/2021 14:04 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

- 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
- 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 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.
 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

02/10/2021 12:00 (SGT) Lor 30 Geylang, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLW4542M

INSURED/POLICYHOLDER

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

No Sim Sock Cheng (Shen Xuezhen) SXXXX170D carriansim@me.com (Phone) +65-85116919 +65-85116919

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

Private use

Mazda

No - Claiming third party

Private car Auto 1496

INSURANCE COMPANY

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

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive No

1800021619-02

DRIVER

CC

Name of Driver NRIC No

Sim Sock Cheng (Shen Xuezhen) SXXXX170D

escribe Circumstances of the Accident					
Accident happened on sat cock 27 @ about 12 pm whilst waiting at					
LOVONA 20 GAMMANA to turn LEFT onto the main road, vehicle B					
(SKT 92000) Came along and knocked me from behind Per					
the agent the food in her car chifted and sine was trained to mant					
Lorong 30 Gentling to the left onto the main road, vehicle B (SKJ 9:109D) come glong and knowed me from pening. Per the army the bood in her car shifted and sine was trying to night them to avoid spillage heard failed to lovale in time.					
THE TO AVOID SPININGS TOTAL SPININGS					

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time ()() + , 207/

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

Witnessed by Reporting Centre Personnel Angie Soh

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.
- 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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.

Policyholder's Signature / Date &

CCF 4, 2021

Driver's Signature (If driver is not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel

Angle Soh

Sketch Plan

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 vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Please refer to sketch plan.

ATTACHMENT(S)

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

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

(Draft)

06/08/1973

05/10/2016

+65-85116919

(Phone) +65-85116919

carriansim@me.com

Blk 32 Marine Crescent #04-117

Collision - Head to Rear

5 YEARS

Female

440032

Clear

Dry

No 2

No

Yes

No

No

No

1

Yes

No

Indoor

Yes

The video is with the owner.

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

Contact Number

Address

SKJ8709D

Private car



ESTIMATE RC AUTO NOT Norhain Runny B4 pain \$ 1398.64 3days

10.11.2021

Date:

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722 Tel: 97619383 Email: rcauto5555@gmail.com Reg. No. 53199168K

SLW 4542 M

Quantity	Description/Particular	Unit Price	Amount	
	REAR BUMPER 860.80	7.1.00	By 860	80
	REAR BUMPER SENSOR		Sm 280	00
		TOTAL	1140	80
		LESS_10		00
		20	7 5	
	TO KNOCK PANEL, REPAIR REAR PANEL AND RENEW		400	00
	ABOVE PARTS			
	SPRAY PAINTING ON PANEL AND BUMPER		400	00
	REAR NUMBER PLATE		<i>∫</i> ∽ 50	00
	TOWING	Bill of	(ah) 60	00
	I .	1		

for **RC AUTO** Received the above goods in good order and condition LKK Auto Consultants hence notify RC AUTO the Repairer of the following: 160, Sin Ming Drive · To resurvey before/after spray painting #06-20 Sin Ming Aut City To display damaged part(s) during resurvey Singapore 5757/22 HP: 9761/9333 · Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis mail: rcauto Authopised Sigmature Received by No illegal modification(s) is allowed &. O. E. Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company Acknowledged by Repairer Signature: Date: