ASS, REG, BY:

# REF:

# CS/CTI21010524/Aty3

	ASS	IGNMENT	
From:	Date:	Veh No: SLZS444 R Yr Regn: 2018 /Ma	ay
Estimated Cos		Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	1
	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	V
To Inspect Veh		Make: Muzda 3. c.c 1491	6
at Workshop m		Colour Silves. A/C: Insured / Std / NI /	NA
of		Sp.Reading /05608 T/Radio: Insured / Std / NI /	/ NA
Insured:	allangsone was that	Eng/No:	
Policy No.	Cover (MIS I Cover Hall See	C/No: JM63N21A8H0164600	
Claims No.	IF	Gen. Cong. Good) Fair / Poor / Burnt	
Sum Insured:	Excess:	Steering: (norder)/ Jammed / Leaked / Burnt or	
(Client's Reco	ord)	Brake: Inorder / Jammed / Leaked / Burnt or	
Make of Veh:	an pares sull appealus	Modi: Nil S/Rim / STD A/Rim or	
	the Acta severator	Tyre Size: F: 205/60R16-	
(Policy Cond	ition)	R: 205/60816	
	veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repa	ir at the time of inspection.	TOYO/YOKO or Kapsey,	
Bal. or Market	Value:	<u>Front</u> <u>Rear</u>	
IDAC Accident	Rport: Consistent? : Yes or No	R/Bal. R/Bal. 8	mm
GIA / PR See	en: Consistent? : Yes or No	L/Bal. Ob mm L/Bal. Ob	mm
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 3 10 21	,
Lum Sum:	% 3 Val.: Yes or No	Survey held at S.K.	_
CA / REV	/ REP. / 24 HRS	Des. of Damages: Frt / Rea / O/S / N/S / U/C / Rooftop or	
	Vehicle: IN / OUT		101 - 1
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to col	IIISION.
Date / Time	Action / Instruction TP Lhine	,	
	(f Zma	1	
	FINALISE	LUMP SUM \$2200, 4DAYS	
	m∨ : RED:4995		
- Maledan	PV:		APA-
	Nett:	7 (36) 77(4)	
		10 3 d se	VIII P
Date/Time, File P	ass to? : Preli. Report	Days Of Repair: 4	90 <del>-30-30-3</del> -3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-
1)	: Final Report	Resurvey No. of Trip: Survey Fee:	294-1
Date/Time, File F		Transportation:	36
2)	Add Fe		
EGHTON IL	ex suto	: Interview (\$ ) Photos	
Report For	AND THE RESIDENCE OF THE PERSON NAMED IN COLUMN 1	:Tech. Invs (3 ) Others	7
Learner Cours	/ / R I+ / 2:	- Wastend (\$	

SA1E21AB000A / Abwin Service Pte Ltd ENTRY DATE & TIME: 11/10/2021 16:24 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (11/10/2021 16:24 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

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 11/10/2021 16:24 (SGT) Date of Accident 10/10/2021 10:40 (SGT) **Exact Location of Accident** CTE, Singapore CTE, SINGAPORE TOWARDS CITY BEFORE ANG MO KIO Additional Location Information **AVENUE 3** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLZ5444R

INSURED/POLICYHOLDER

Is company? Yes CARS FOR RENT (2016) PTE. LTD. Name Of Registered Owner Company Reg No 2XXXXXX732N **Email Address** yanping@carsforrent2016.com (Phone) +65-69709119 Mobile Phone No Alternative Phone No (Office) +65-69709119

### VEHICLE PARTICULARS

Manufacturer Mazda Model 3 Variant Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Private hire Vehicle Category Transmission Auto CC 1496

# INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Comprehensive Type of Coverage Fleet Policy Yes 5109855704-02 Policy Number Cover Note Number

# DRIVER

LIM TIAT TIANG Name of Driver

NRIC No SXXXX098B Date Of Birth 09/10/1949 Occupation Outdoor 17/03/1977 Date Of Driving Pass 44 YEARS AND 7 MONTHS Driving experience Gender (Phone) +65-88701770 Mobile Number Alt. Phone Number Email Address yanping@carsforrent2016.com BLK 467A FERNVALE LINK Address Address complement #16-515 791467 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Chain Collision Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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 PASSENGER 1 **PASSENGER** Name Male Gender PASSENGER 2 **PASSENGER** Name Gender Male PASSENGER 3 Name **PASSENGER** Gender Male 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 SKETCH PLAN ATTACHED. 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**

Vehicle Registration Number Vehicle Manufacturer	SDU11K Mercedes
Vehicle Model	Glc250
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLV84A
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private ca
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Rease report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and for the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or with olding of material facis 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 afores aid.
- 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) 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/few 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 itwolve 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")

(p) 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 Integration may/can be disclosed by any of the Insurers and/or GW to their third party service providers or agents (including their garvers than firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

& Time

Witnessed by Reportings Personnel

Sketch Plan

7

Vehide (11) 2254HIR

(B) SOUTH

(C): SLV847)

Describe Circumstances of the Accident
I was traveling along CIE towards city BH Ang mo 190 Are 3
The vehicle infront of me alouned down and stopped. Nuticing
that, I do slowed down and stopped. Suddenly, I fet an
great impact from the year. Offer the occident, laighted and
replaced that reticle is (SDVIIK) collided on my retricle
rear portion. I was involved in a chain edision of 3
vehides

Declaration

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

Policyholder's Signature / Date &

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

Personnel