ASS. REC. BY: Steve | REPT CS3/ASM-21908841/EVC-1 |

PRS

ASSIGNMENT

From:	Veh No: XE 3169S Yr Regn: 14/7/17
Date:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or
Estimated Cost:	11967
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Make: Mitsubishi Fuso FVSI c.c ~~12,882~~
To Inspect Vehicle No:	Colour: White A/C: Insured / Std / Nil / N
at Workshop m/s	Sp.Reading: 327788 T/Radio: Insured / Std / Nil / N
Insured: XD 2091T	Eng/No:
Policy No. GA577177	C/No: FVSIS/A20741
Claims No. S1M03G28	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: In order / Jammed / Locked / Burnt or
(Client's Record)	Brake: In order / Jammed / Locked / Burnt or
Make of Veh:	Modl: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 315/80R22.5 R: "
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or EFFIPLUS
Bal. or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm R/Bal. 4 mm
SIA / PR Seen: Consistent? : Yes or No	L/Bal. 4 mm L/Bal. 4 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 19/8/21 D.O.I. 24/8/21
Lum Sum: % 3 Val.: Yes or No	Survey held at Koh Kock Leong
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Frnt LH
Date: Person Contacted: Vehicle: IN / OUT	The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	MV- 139K repair range 30K – 35K
	20 repair days
30/8/21	Submit PRS, repair range $30,000-$35,000
10/11/21	Submit LS $24,300 (Red 5150, 17%)

Date/Time, File Pass to: [ ] Prell. Report
[ ] Final Report

Date/Time, File Return to:
10/11/21-typist

Days Of Repair: 16
Resurvey No. of Trips:

Add Fee: [ ] Site Insp ($) [ ] Interview ($) [ ] Tech. Inve ($) [ ] Weekend ($)

Survey Fee:	
Transportation: $ + RS. SI	
Photos	
Others	
TOTAL	

Inform:
Trip Sum / I.B.I.R.

SINGAPORE ACCIDENT STATEMENT

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 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	19/08/2021 16:24 (SGT)
Date of Accident	19/08/2021 08:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Bedok North Street 5 Carpark
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3169S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KOH KOCK LEONG CONSTRUCTION PTE. LTD.
Company Reg No	2XXXXX767G
Email Address	admin@kkle.com.sg
Mobile Phone No	(Phone) +65-68978787
Alternative Phone No	(Office) +65-68978787

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FUSO FV51SJD2DEA
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	11967

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	SD21V04485/VCH/R02
Cover Note Number	-

DRIVER

Name of Driver	IVAN CHONG CHUNG YUNG
Passport No/FIN	FXXXX826U

Date Of Birth	01/09/1991
Occupation	Outdoor
Date Of Driving Pass	16/02/2016
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93692216
Alt. Phone Number	-
Email Address	admin@kkle.com.sg
Address	24 TUAS AVE 2
Address complement	-
Postcode	639455
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	Collision - Head to Rear
Weather Conditions	Clear
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?	Yes
Number of Passengers (Including Driver)	1
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On 19 Aug 2021 at around 8.30am, I driving vehicle XE3169S at Bedok North St 5 Carpark. I was driving straight and want to turn left in inside the carpark. Suddenly the third party vehicle XD2091T reverse out from the parking lot and hit into my left side.
My vehicle serious damage. No one is injure.
I do not have video footage for this accident.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

[redacted]

Vehicle Registration Number	XD2091T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG CHOON SENG
NRIC No	SXXXX557Z

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

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 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 insurer(s) 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 :

(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' 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.

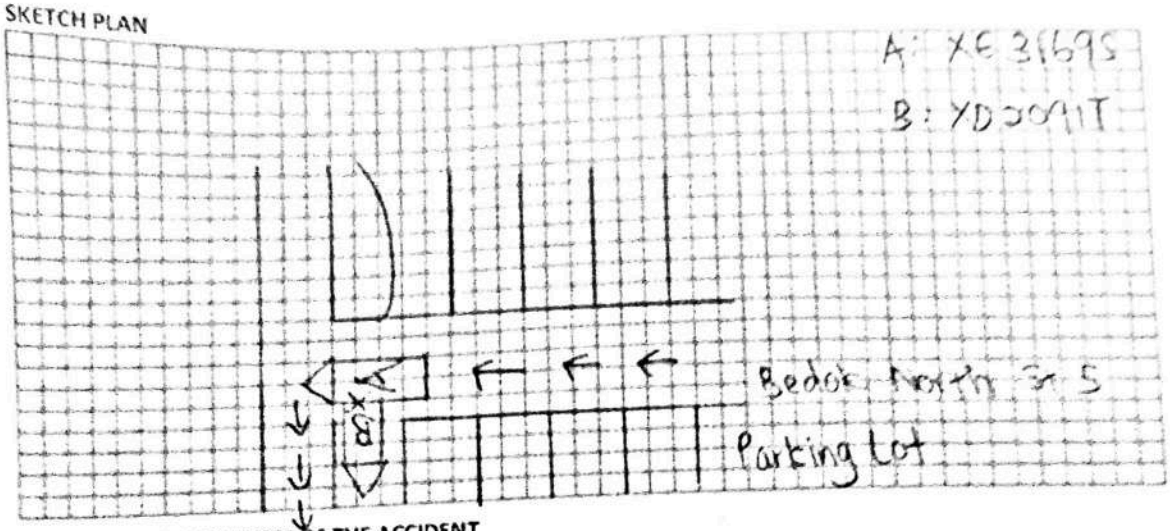
KOK LEONG CONSTRUCTION PTE LTD

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19 Aug 2021 at around 8.35am, I driving company vehicle XE3169S at Bedok North St 5 carpark. I was driving straight and want to turn left in inside the carpark. Suddenly the third party vehicle XD3091T reverse out from the parking lot and hit into my left side.

my vehicle serious damage. No one is injure.

I do not have video footage for this accident.

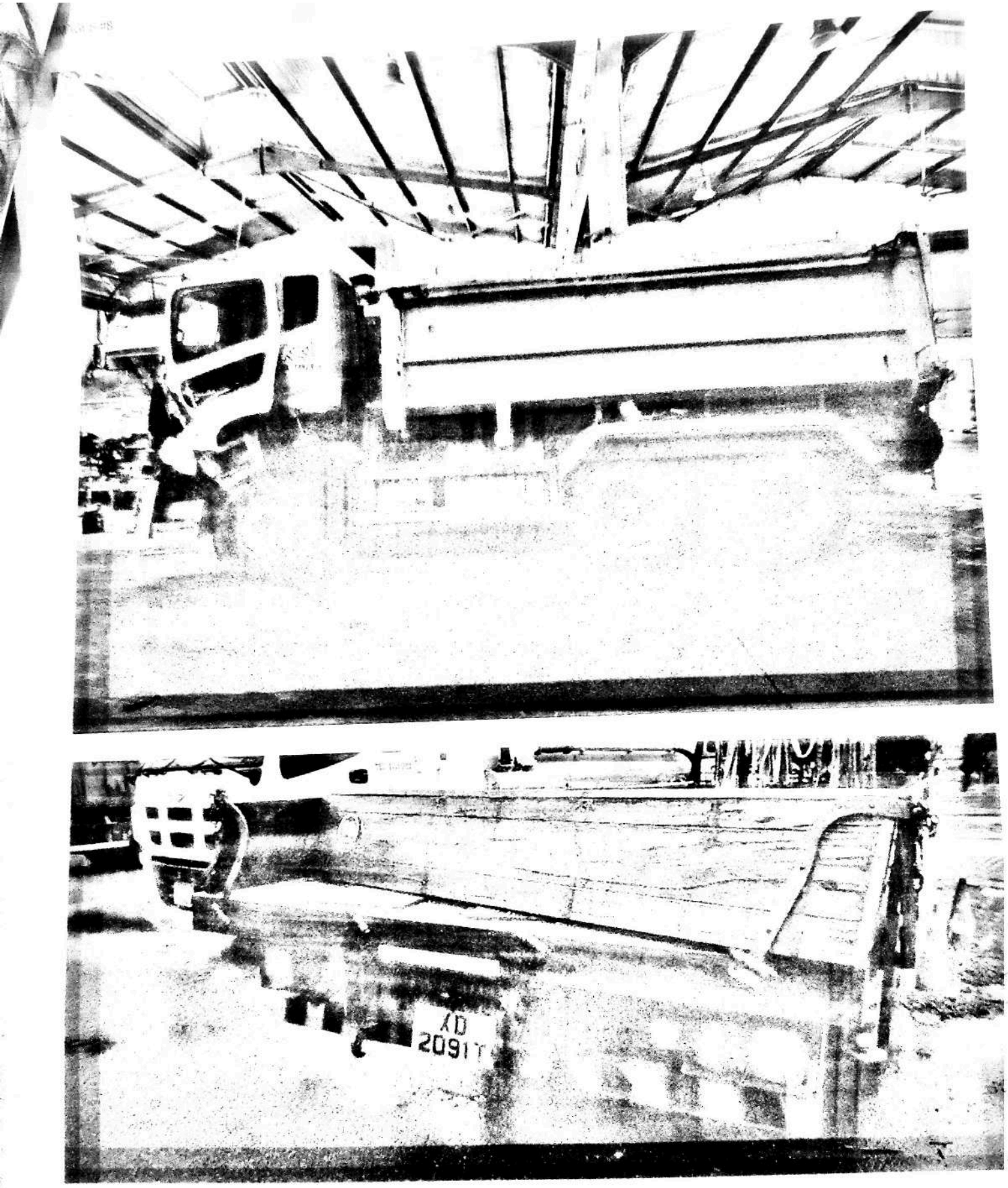
DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: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IMAGES #9