

REF: CS/CTI21012392/Aty3

ASS. REC. BY:

ASSIGNMENT

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMV1753J Yr Regn: 2011 / Jan.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz C180 c.c. 1597

Colour: Black A/C: Insured / Std / NI / NA

Sp.Reading: 165083 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WDD2240452A499479

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Order / Jammed / Leaked / Burnt or

Brake: Order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/40R18

R: 225/40R18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. D.O.I. 07/12/21

Survey held at 8K

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or

Des o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP Chm.</u>
	<u>COE Expiry: 28/02/30</u>
	<b>lump sum 1900, 2days</b>
	<b>MV :</b>
	<b>PV : red:2905.50;60%</b>
	<b>Nett,</b>

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

Lump Sum / L.B.I. G

Days Of Repair: **2**

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

☐ : Weekend / \$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others



## 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 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. 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	07/12/2021 17:21 (SGT)
Date of Accident	06/12/2021 13:05 (SGT)
Exact Location of Accident	Tampines Street 23, Singapore
Additional Location Information	TAMPINES ST 23 BEFORE TAMPINES AVENUE 2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1753J
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ESCALATT CAR RENTAL SERVICES
Company Reg No	5XXXX067J
Email Address	yanping@carsforrent2016.com
Mobile Phone No	(Phone) +65-69709119
Alternative Phone No	(Office) +65-69709119

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1597

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119237629
Cover Note Number	-

#### DRIVER

Name of Driver	HWANG JUAT MENG
NRIC No	SXXXX137H



Date Of Birth	05/06/1963
Occupation	Indoor
Date Of Driving Pass	18/10/1984
Driving experience	37 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97122775
Alt. Phone Number	-
Email Address	yanping@carsforrent2016.com
Address	10 KAKI BUKIT AVE 4
Address complement	#09-60 PREMIER @ KAKI
Postcode	415874
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

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

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	SNA8076H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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) \_\_\_\_\_ -

SKETCH PLAN

IMPORTANT NOTICE

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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 willful 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)

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.



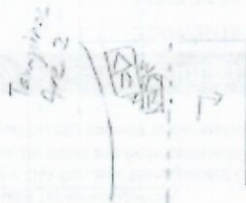
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Vehicle (A) : SMU1753J  
(B) : SNA 807611





Describe Circumstances of the Accident

On 6/12/2021 at around 1305hrs I was driving the rental vehicle SMV 1753J on TAMPINES ST 23 stationary at the traffic light. Suddenly I felt an impact and realised. I realise vehicle SNA8076H had collided onto the rear of my vehicle. We took photos and exchange particulars. Nobody is injured.

Declaration

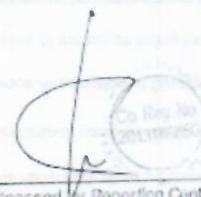
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

07 Dec 2021

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



Witnessed by Reporting Centre Personnel