ASSI	IGNMENT
From: Date:	Veh No: 51C53910 Z . Yr Regn: 2015, April
Estimated Cost:	Type (M.Car) M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	
of Workshop m/s	Make: 7 syste Uiss c.c 1497 Colour Silves A/C: Insured/Std/NI/NA
,	Sp.Reading 142653 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
	0411 0 - 0 - 1
Policy No.	C/No: MHFB79F360603041* Gen. Cond. Good / Fair / Poor / Burnt
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record) Make of Veh:	Modi: Nil /S/Rim)/ STD A/Rim or
VIGILO OF VOII,	11.5/10.5
(Policy Condition) Remark: The veh had commenced its N/S O/S	R: 185/60R15
repair at the time of inspection.	BSY DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO OF
Bal. or Market Value:	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 66 mr
GIA / PR Seen: Consistent?: Yes or No	L/Bal. Q6 mm L/Bal. 06 mi
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 67/04/22
Lum Sum: % 3 Val.: Yes or No	Survey held at Kang
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction 7 P Bnd Cet Dicect.	,
in prager preser	
m∨ :	
PV:	
Nett:	
ate/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
Add Fee	9: : Site Insp (\$)s+Rssi
The second party of the second	
	: Interview (\$) Pholos

SK0M22466004 / KANG CAR REPAIRERS PTE LTD ENTRY DATE & TIME: 06/04/2022 15:23 (SGT) SUBMITTED BY: SHARON YEE VERSION: 1 (06/04/2022 15:23 (SGT))

SINGAPORE ACCIDENT STATEMENT

- Please report <u>correctly</u> 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
- 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 insurance of the CLA Popular Admission of policy liability on the part of the insurance companies.

- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

06/04/2022 15:23 (SGT) 05/04/2022 16:50 (SGT) Singapore LOR AH SOO / HOUGANG AVE 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKS3910Z

INSURED/POLICYHOLDER

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

Yes COMFORTDELGRO DRIVING CENTRE PTE LTD 1XXXX882C DARYLTAN@CDC.COM.SG (Phone) +65-90072819 +65-90072819

VEHICLE PARTICULARS

Model Variant

Manufacturer

Toyota Vios

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

Employment

No - Claiming third party Private car Manual 1500

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

India International Insurance Pte Ltd Comprehensive Yes D20MFL0000618-02

DRIVER

Name of Driver NRIC No

TAN WEE LEE TXXXX890B



 Date Of Birth
 25/03/2003

 Occupation
 Indoor

 Date Of Driving Pass
 05/04/2022

 Driving experience
 0 MONTH

 Gender
 Female

 Mobile Number
 (Phone) +63

 Mobile Number
 (Phone) +65-86966559

 Alt. Phone Number

Email Address DARYLTAN@CDC.COM.SG
Address BLK 402 HOUGANG AVE 10 #07-1160
Address complement -

Postcode 530402
Is the driver the policyholder? No

If No, Relationship of the Driver with the Insured LEARNER
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 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

Was anybody injured in the Accident?

No
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?

No

PASSENGER 1

Name THAM KUM WENG Gender Male

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 5/4/2022 AT 1650HRS, I WAS STOPPING AT LOR AH SOO / HOUGANG AVE 1. WHEN A 3RD PARTY VEHICLE BEARING REGISTRATION NUMBER (SGU2115X) SUDDENLY COLLIDED INTO THE REAR SIDE OF MY VEHCLE (SKS3910Z).

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGU2115X
Vehicle Manufacturer Mitsubishi
Vehicle Model Vehicle Variant Vehicle Colour -



 Vehicle Category
 Private car

 Name of Driver
 MD EMRAN

 Contact Number
 (Phone) +65-90239409

 Address

 Address complement

 Postcode

 Insurance Company Name

 Nature Of Damage

 Details of property damaged in accident
 VEHICLE B

 No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

Name THAM KUM WENG
Phone (Phone) +65-91788918
Email -

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 5. 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.
- 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 consont 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 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.

Ø ((

Policyholder's Signature / Date & Time 6/4/22 09259M

Wale

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SK\$ 39102

00 5	4 2022 at 1650 HQ, I who stopping at Lor Ah Soul Hougan, Ave I.
n madi	311 party vehicle bearing registration number sciu 2115x
rebbui	4/2022 at 1650HQ, I was stopping at Lor Ah soul Hoypany Ave I. 312 party vehicle bearing registration number s GIU 2115X collided into the rear I side of my vehicle (SES 3910Z)
	•
-	
	,
	NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDE
UR OWN	LICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time 6(4/2) 09 256 M prede X

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

4

Witnessed by Reporting Centre Personnel