

ASS. REC. BY:

REF:

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Com Del

Insured: _____

Policy No. _____

Claims No. _____

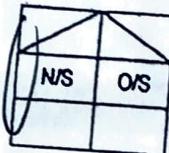
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: \$105k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 08 days Res.: Yes or No

Lum Sum: 1.B.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PNB 4373X Yr Regn: 00

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

Make: Kia Cerato C.C. _____

Colour: M. Blue A/C: Insured / Sto

Sp. Reading: 2427 T/Radio: Insured / Sto

Eng/No: _____

C/No: KNA F3416MM 510

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Nexen

Front R/Bal. 9 mm Rear R/Bal. 9

L/Bal. 9 mm L/Bal. 9

D.O.A. 18/3/22 D.O.I. 12/4/22

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or N/S body

The UIC / Chassis frame / Body Structure affected due to _____

Date / Time	Action / Instruction
<u>1</u>	<u>Est not ready</u>

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I: (\$

Survey Fee:

Transportation:

S + RS. \$I

SJ04223H000E-01 / JP Knights Pte Ltd
 ENTRY DATE & TIME: 17/03/2022 16:18 (SGT)
 SUBMITTED BY: Kavi
 VERSION: 2 (08/04/2022 16:48 (SGT))

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 17/03/2022 16:18 (SGT)
 Date of Accident 16/03/2022 17:00 (SGT)
 Exact Location of Accident 390 Havelock Rd, Singapore 169662
 Additional Location Information -
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB4373X

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner COMFORTDELGRO RENT-A-CAR PTE LTD
 Company Reg No 1XXXXX775H
 Email Address dannyng@cdgrentacar.com.sg
 Mobile Phone No (Phone) +65-84985960
 Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Kia
 Model Cerato
 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? Yes
 Vehicle Category Private car
 Transmission Auto
 CC 1591

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
 Type of Coverage Comprehensive
 Fleet Policy Yes
 Policy Number D20MFL0000326_01
 Cover Note Number -

DRIVER

Name of Driver CHEVALLIER FRANCOIS ROGER ANDRE
 Passport No/FIN GXXXX117N

Date Of Birth	09/05/1985
Occupation	Outdoor
Date Of Driving Pass	13/07/2021
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84985960
Alt. Phone Number	-
Email Address	dannyng@cdgrentacar.com.sg
Address	15 LEEDON HEIGHT #2-52
Address complement	-
Postcode	267951
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	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JUV4751
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220317/2016

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	JUV4751
Vehicle Manufacturer	-

SKETCH PLAN

IMPORTANT NOTICE

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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 be 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 be 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SNB4373X

B - JUV4751

390 HAVELOCK ROAD

[Handwritten Signature]
17/03/2022 1430

[Handwritten Signature]

UBT1FF

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	775H
Vehicle Details	
Vehicle No.:	SNB4373X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	12 Apr 2022
Vehicle Make:	KIA
Vehicle Model:	CERATO 1.6(A) EX
Primary Colour:	Blue
Manufacturing Year:	2021
Engine No.:	G4FGMH703126
Chassis No.:	KNAF3416MM5107423
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$14,606.00
Original Registration Date:	23 Aug 2021
First Registration Date:	23 Aug 2021
Transfer Count:	0
Actual ARF Paid:	\$14,606.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Aug 2031
PARF Rebate Amount:	\$10,954.00
Intended COE Rebate Details	
COE Expiry Date:	22 Aug 2031
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,002.00
COE Rebate Amount:	\$38,401.00
Total Rebate Amount:	\$49,355.00

The information contained herein is correct as at 12 Apr 2022

OK

ASS. REC. BY:

REF:

TV /

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Com Del

of _____

Insured: _____

Policy No. _____

Claims No. _____

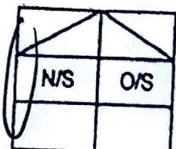
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(Policy Condition)

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CA / REV / REP: / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: PNB 4373X Yr Regn: 08, 21

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

Truck / Trailer or _____

Make: Kia Cerato c.c. 1591

Colour: M. Blue A/C: Insured / Std / NI / NA

Sp. Reading: 2427 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAF 3416MM 5107423

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: _____

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

TOYO / YOKO or Nexen

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 16/3/22 D.O.I. 12/4/2022

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

N/S body

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

Date / Time Action / Instruction

1 Est not ready

Date/Time, File Pass to?

: Prell. Report

: Final Report

1)

Date/Time, File Return to?

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

Report Format :

Lump Sum / I.B.I: (\$ _____)