

ASS. REC. BY:

REF:

Ty / 22006270KV

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Kun Chew

of 775H

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: TBA

(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: \$160k

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SOR 2288G Yr Regn: 01, 19

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

Truck / Trailer or

Make: Lexus NX300 c.c. 1998

Colour: M.P. White A/C: Insured / Std / NI / NA

Sp. Reading: 84803 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTJB ARBZ 302204718

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modf: Nil / S/R/m / STD / R/m or

Tyre Size: _____

F: _____ R: Hunko 225/60R18

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

TOYO YOKO or

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 24/6/22

Rear

R/Bal. 4 mm

L/Bal. 4 mm

D.O.I. 1/7/2022

Survey held at

11.25am

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

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

Date / Time

Action / Instruction

1 EPA not ready

Date/Time, File Pass to?

: Prell. Report

1)

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Transportation:

S + RS. SI

Fuel/Oil

Others

Report Format :

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

TOTAL

Surveyor

SJ04226Q0001-01 / JP Knights Pte Ltd
ENTRY DATE & TIME: 27/06/2022 18:00 (SGT)
SUBMITTED BY: Kavi
VERSION: 2 (29/06/2022 11:31 (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 27/06/2022 18:00 (SGT)
 Reported by Driver
 Date of Accident 24/06/2022 21:30 (SGT)
 Exact Location of Accident PIE, Singapore
 Additional Location Information TOWARDS CHANGI
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDR2288G

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) +65-92358010
 Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Lexus
 Model Nx300
 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 1998

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
 Policy Number / Cover Note Number D20MFL0000326_01

DRIVER

Name of Driver CHANG SEOK HO
 Passport No/FIN GXXXX364X
 Date Of Birth 02/10/1970
 Occupation Outdoor

SKETCH PLAN

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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.
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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/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.

Driver's Signature (if driver is not the policyholder) / Date & Time 25/06/2022 1000

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

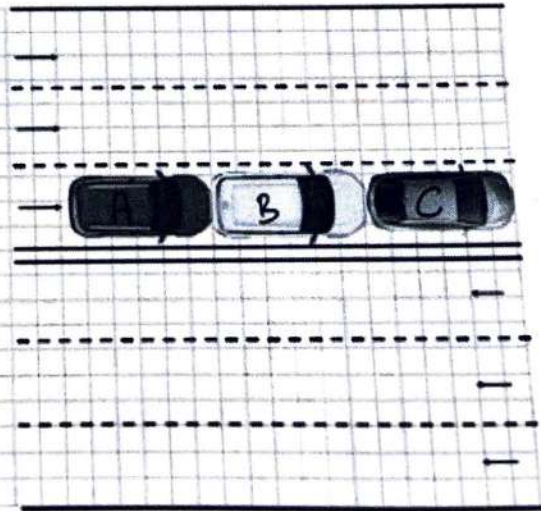
Sketch Plan

PIE Changi

A - SDR 2288G

B - SMU 7578P

C - SLX 3217D

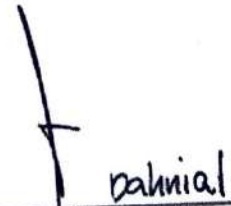


Describe Circumstances of the Accident

ON THE 24/06/2022 AT AROUND 2130HRS. I VEHICLE A BEARING REGISTRATION NUMBER SDR2288G WAS DRIVING ALONG THE FIRST LANE OF PIE CHANGI. AS I WAS TRAVELLING, VEHICLE B BEARING REGISTRATION NUMBER SMU7578P BRAKED DUE TO VEHICLE AHEAD BRAKE AND I REAR ENDED VEHICLE B. VEHICLE B REAR ENDED VEHICLE C BEARING REGISTRATION NUMBER SLX3217D. IT WAS A CHAIN COLLISION AND NO ONE WAS INJURED.

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 25/06/2022 1000

Witnessed by Reporting Centre Personnel