

ASS. REC. BY:

REF:

CT2/ 22008424/K

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

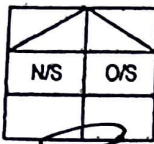
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

4-5 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S2Q 73301 Yr Regn: 07, 17

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

Truck / Trailer or

Make:

Toy CHR

c.c

1797

Colour

M. Brown

AC:

Insured / Std / NI / NA

Sp. Reading

410801

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

ZYX10

2023174

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

Arivo

215/60R17

R:

Yoko

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

TOYO / YOKO or

Front

R/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

24/8/22

Survey held at

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

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 (\$

S - RS. \$

Fees

Others

TOTAL

Report Format:

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

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 Actual 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	25/08/2022 12:50 (SGT)
Reported by	Driver
Date of Accident	24/08/2022 21:45 (SGT)
Exact Location of Accident	Bukit Timah, Singapore
Additional Location Information	BUKIT TIMAH U-TURN TO DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ7330U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	L.H.CAR RENTAL PTE LTD
Company Reg No	200009761N
Email Address	carrental.lh@gmail.com
Mobile Phone No	(Phone) +65-97316193
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5127247960-000003

DRIVER

Name of Driver	ISMAIL BIN ARIFFIN
NRIC No	S0072867E
Date Of Birth	08/03/1951
Occupation	Outdoor

IMPORTANT NOTICE

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claim process.
2. This Form must be completed by the policyholder or the Accused 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 invalidate policy benefits.
4. The false and acceptance of this Form by insurance company is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 submission 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 thereafter.

B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(a) My insurer, my workstation 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 provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers 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 purposes set out

(b) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(c) investigating the accident and/or my claims;

(d) carrying out and/or dealing with my enquiries or responding to any enquiries by me;

(e) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of my personal data about me or being about delivery of the claims as well as on the external cover of envelopes/initial packaging) and/or

(f) 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 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 located outside of Singapore, for one or more of the above Purposes.

L.H CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ND card)

Sketch Plan

Car No: 120073204
Car No: 60161173