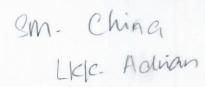
ASSI	GNMENT	
From: Date:	Veh No: 68H 9782B, Yr Regn: 2018, No	
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Corry / Taxi / Prime Mover /	
OD / TP /WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	Make: Toyole Pyna. c.c 2982	
et Workshop m/s	Colour Black A/C: Insured / Std / NI / NA	
of	Sp.Reading / T/Radio: Insured / Std / NI / NA	
nsured:	Eng/No:	
Policy No.		
Claims No.	C/No: JTFAT35 / 90 (21) 7.06. Gen. Cond. Good Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: (norder) Jammed / Leaked / Burnt or	
(Client's Record) Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or Modí: Nil S/Rim / STD A/Rim or	
TO AS THE CONCENSES	Tyre Size: F: 195 715 C	
(Policy Condition)	D 0 /	
Remark: The veh had commenced its N/S O/S	R: 155 POZC BS / DÚN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO / YOKO OF	
Bal, or Market Value:	,	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. P/Bal. R/Bal. mm R/Bal. mm	
GIA / PR Seen: Consistent?: Yes or No	L/Bal. O6 mm L/Bal. mn	
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 27/09/22.	
w Sum: % 3 Val.: Yes or No	Survey held at	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear 7 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		
It Chim.	. ASSESSED A SOCIETA DE LA CONTRACTOR DE	
WINDSHIFE .	Mountal pakt	
mv :		
PV:		
Nett:	Chassis No.: NAAFP324193498698	
MARKET MA	A996.1 3089	
	MONEY TOWARD IN THE TOTAL OF TH	
vale/Time, File Pass to? : Preli. Report	Days Of Repair:	
	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to?	Transportation:	
Add Fee		

I main Ones II B to 10

SS2X229G000A / SME MOTOR PTE LTD ENTRY DATE & TIME: 16/09/2022 16:31 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (16/09/2022 16:31 (SGT))





SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 Actual 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 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

16/09/2022 16:31 (SGT) Both 15/09/2022 17:30 (SGT) Choa Chu Kang Ave 6, Singapore SLIP RD BRICKLAND ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBH9782B

INSURED/POLICYHOLDER

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

Alternative Phone No

Yes

MUM'S KITCHEN CATERING PTE LTD 200917408H JESLIN@MUMSKITCHEN.COM.SG (Phone) +65-96495979

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Toyota Dyna

Employment

No - Claiming third party Commercial vehicle

Auto 2982

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd. 1900232313-02

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

WANG BO G8737936T 24/09/1980 Outdoor



Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement

Address complement

Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

17/05/2019

3 YEARS AND 4 MONTHS

Male

(Phone) +65-86804637

JESLIN@MUMSKITCHEN.COM.SG 3015 BEDOK NORTH ST 5 #02-06

486350

No

Employee

No

-

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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

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

I WAS TRAVELLING ALONG CHOA CHU KANG AVE 6 SLIP RD TO BRICKLAND ROAD. WHEN I STOP TO GIVE WAY TO ONCOMING TRAFFIC. WHILE WAITING FOR THE TRAFFIC TO CLEAR, SUDDENLY ONE M/CAR CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY STATIONARY STOP VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SLD6007D

Vehicle Model

Vehicle Model

Vehicle Variant

Vehicle Colour

Private car



Name of Driver Contact Number (Phone) +65-98558230
Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

WANG BO Name of injured person Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? GBH9782B Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

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 regudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy fiability 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 GW 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 ladgement 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)

Lunderstand, 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 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.

Wang Bo	wang Bo	
Policyholder's Signature / Date & Time	Driver's Signature (f driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		marina and
	4 BRICKLAND ROAD-	
	v	
	A 2	
A: GBH 9782B B: SLD 6007D	The state of the s	
8: 3LD 6007D	(8)	
	4 0	

The state of the s

I was TRA	ELLING ALONG CHOA CHU KANG AVE 6 SLIP ROAD	0
BRICKLAND ROMO	MHEN I STOP TO GIVE DAY TO ENCOUNTY ANTING FOR THE PLANTIC TO CLEAR SUDDEN MY REAR AND COLLIDED GOTO THE REAR POR	79
TRAFFIC WHILE I	AMING FOR THE TRAFFIC TO CLEAR SHOPEN	LY and
micar max send	MU DEAD AND COLLIDED OND THE COME and	(Tron)
M My Odda - 1 A	1 Oand Jessell	77100
OF My S19/10NM	STOP VERRCEC.	-
-		
aration		
declare the foregoing particulars a	true in every respect.	
	0	
Wary Bo	wand bo	
U P	ver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting	