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Surveyor

SJ0G22A3000E / JP Knights Pte Ltd
ENTRY DATE & TIME: 03/10/2022 10:03 (SGT)
SUBMITTED BY: Weine Chieng
VERSION: 1 (03/10/2022 10:03 (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 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	03/10/2022 10:03 (SGT)
Reported by	Driver
Date of Accident	01/10/2022 13:30 (SGT)
Exact Location of Accident	Gateway Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY6064R
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) +65-93805980
Alternative Phone No	(Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MFL0003414_03

DRIVER

Name of Driver	YEO SECK YUAN
NRIC No	SXXXX981F
Date Of Birth	03/04/1964
Occupation	Outdoor

Date Of Driving Pass	13/09/1984
Driving experience	38 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93805980
Alt. Phone Number	-
Email Address	dannyng@cdgrentacar.com.sg
Address	BLK 293 CHOA CHU KANG AVENUE 3 #12-238
Address complement	-
Postcode	680293
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	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 01/10/2022 AT ABOUT 1330 HOURS, I WAS DRIVING VEHICLE A (SMY6064R) ALONG SENTOSA GATEWAY AVENUE HEADING TOWARDS THE TOLL STATIONS WHEN VEHICLE B (SNB93E) TRAVELLING ON MY LEFT ENCROACHED INTO MY LANE AND HIT ONTO THE REAR LEFT PASSENGER SLIDING DOOR OF MY CAR. NOBODY IS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB93E
Vehicle Manufacturer	Bentley
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

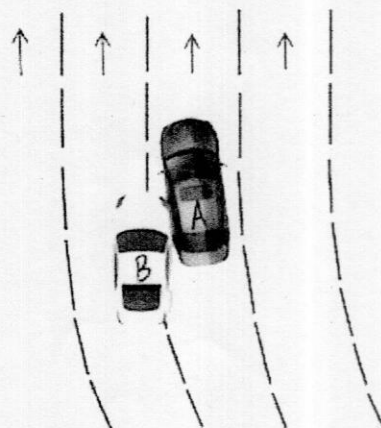
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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 situated 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 - SMY6064R
B - SNB93E

Describe Circumstances of the Accident

ON THE 01/10/2022 AT ABOUT 1330 HOURS, I WAS DRIVING VEHICLE A (SMY6064R) ALONG SENTOSA GATEWAY AVENUE HEADING TOWARDS THE TOLL STATIONS WHEN VEHICLE B (SNB93E) TRAVELLING ON MY LEFT ENCROACHED INTO MY LANE AND HIT ONTO THE REAR LEFT PASSENGER SLIDING DOOR OF MY CAR. NOBODY IS INJURED.

Declaration

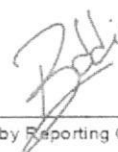
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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


02/10/22 1715

Witnessed by Reporting Centre Personnel



KUM CHEW MOTOR WORKSHOP

160, SIN MING DRIVE #05-08
SIN MING AUTOCITY, SINGAPORE 575722.
Tel No. : 64536256/64563715 Fax No. : 64557754
E-Mail : kumchew1@singnet.com.sg
GST Reg.No. : M90367665T

Not Withheld
Resurvey B&Pain
11/12/2022 8:55 AM
Today

M/S MSIG INSURANCE (SINGAPORE) PTE LTD
16, RAFFLES QUAY #24-01
HONG LEONG BUILDING, SINGAPORE 048581
motorsurvey@sg.msig-asia.com
Attention : Motor Claim Department
Contact : 68277888 Fax No. : 66431349

Estimate : ES005556

Date : 13/10/2022
Vehicle Num. : SMY 6064 R
Make/Model : TOYOTA NOAH
Chassis/Eng# :
Accident Date : 01/10/2022
Claim No. :
Reference : KC/TP6064/2210-07
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
1.	1 PC	LIST ITEMS :		
2.	1 PC	REAR DOOR - LH		1,363.48 ✓
		REAR FENDER - LH		1,740.05 X
		List TotalS\$:		3,103.53
		25.00% Discount S\$:		775.88
				2,327.65
		LABOUR :		
		TO TRANSFER DOOR MOTOR, GEAR & MECHANISMS TO NEW DOOR		180.00 601
		TO PULL, KNOCK & ADJUST AFFECTED AREAS.		4501 850.00
		TO SPRAY PAINT ON AFFECTED AREAS.		4001 1,000.00
		Labour Total S\$:		2,030.00

SingDollars : Four Thousand Three Hundred Fifty-Seven & Cents Sixty-Five Only

Total S\$: 4,357.65
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KUM CHEW MOTOR WORKSHOP

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date: