

## REF:

## ASSIGNMENT

Veh No: 5mm68347 Yr Regn: 2017 / July

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

Truck / Trailer or

Make: Mit Attrase. C.C 1193

Colour	Black	A/C:	Insured / Std / NI / NA
--------	-------	------	-------------------------

Sp. Reading 58289. T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: MMBSTA13AK\*H001444

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modí: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 185/55R15

R: 185/55R15

RS / DIJN / EYNOVA / CY / ES / LIZA / MIC / OHTSU / RIR / SUMI /

TOYO/YOKO or *Sailwin.*

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 06 mm R/Bal. 06 mm


L/Bal. 0.1 mm L/Bal. 0.6 mm

D.O.A. D.O.I. 26/10/22

Survey held at Green Forest

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

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

	
N/S	O/S

[illegible]☐: Prelim. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Report Form# :

Add Fee: ☐ : Site Insp (\$

Interview (\$

:Tech. Inve (2)

Survey Fee:

Transportation:

Photos

2. 4.



## 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	25/10/2022 16:22 (SGT)
Reported by	Driver
Date of Accident	21/10/2022 17:20 (SGT)
Exact Location of Accident	Kim Keat Rd, Singapore
Additional Location Information	NO. 26 KIM KEAT ROAD SINGAPORE 328807
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM6834Z
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CARRO LEASING PTE. LTD.
Company Reg No	2XXXXX832G
Email Address	keane@carro.com
Mobile Phone No	(Phone) +65-90214331
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1193

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	CV00001230857

#### DRIVER

Name of Driver	THAM YOKE MAY
NRIC No	SXXXX533H
Date Of Birth	09/12/1963
Occupation	Outdoor

Date Of Driving Pass	14/12/1992
Driving experience	29 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97734177
Alt. Phone Number	-
Email Address	maytham162@gmail.com
Address	BLK 93A TELOK BLANGAH ST 31
Address complement	#06-163
Postcode	101093
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
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

REFER TO SKETCH PLAN ATTACHED.

#### 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	YN1679R
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Fe83beosrdea
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	RAMAIAH RAJALINGAM
Contact Number	-



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

## WITNESS DETAILS

### WITNESS 1

Name ..... GEORGE  
Phone ..... (Phone) +65-87560671  
Email ..... -

SKETCH PLAN

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 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 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:

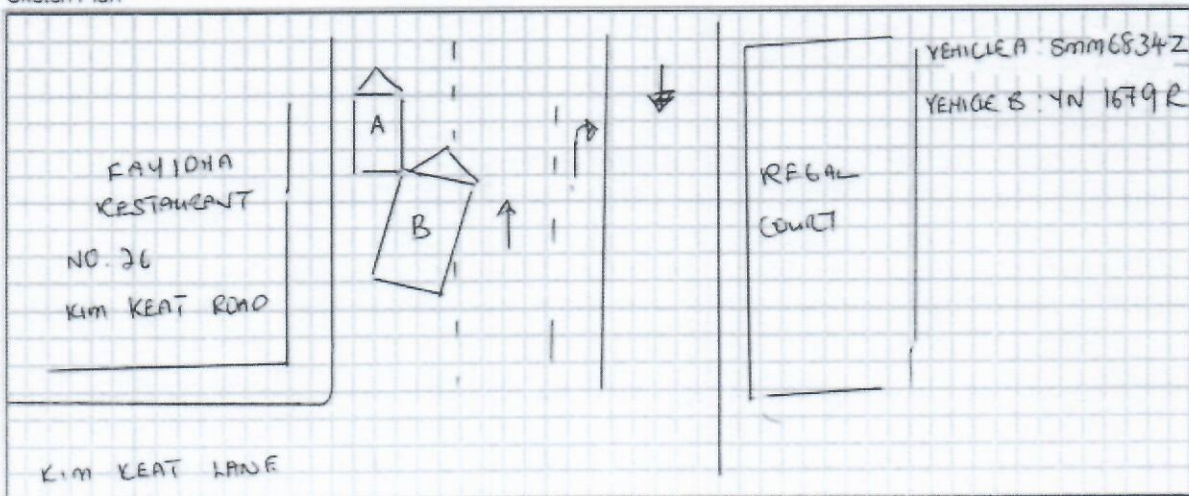
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Carro Leasing Pte Ltd  
201825832G  
Policyholder's Signature (Date & Time)

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

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

Sketch Plan



v Jun 2022



Describe Circumstance of the Accident

ON 21/OCT/2022 @ 1700 HRS, I PARKED MY CAR (VEHICLE A) IN FRONT OF NO. 36 KIM KEAT ROAD. I WENT TO RUN ERRANDS. MY BOSS (GEORGE) WAS AT THE COFFEESHOP @ NO. 36 KIM KEAT ROAD. HE HEARD A SOUND AND SAW A LORRY (VEHICLE B) WAS REVERSING INTO THE SPOT BEHIND MY CAR (VEHICLE A). HE SAW DEBRIS OF MY CAR'S TAIL LIGHT ON THE GROUND AND REALISED THE LORRY (VEHICLE B) HAD HIT THE REAR RIGHT SIDE OF MY CAR (VEHICLE A). HE QUICKLY TOOK A VIDEO OF THE LORRY (VEHICLE B) TRYING TO REVERSE OUT OF THE SPOT. MY BOSS CONFRONTED THE DRIVER. THE LORRY DRIVER HANDED OVER HIS PARTICULARS TO MY BOSS. WHEN I CAME BACK, MY BOSS TOLD ME WHAT HAPPENED. WHEN I WAS ABOUT TO MOVE OFF, I REALISED MY CAR'S REAR RH TYRE WAS DAMAGED IN THE ACCIDENT. I CHANGED THE TYRE WITH MY SPARE TYRE.

Declaration

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



Policyholder's Signature / Date & Time

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

*[Signature]*  
Witnessed by Reporting Centre Personnel (Name as in NRC/ID card)