ASSIGNMENT Substitute Code: On the Code:	AND RECORDY: Stelp 1 - CC4/LPC)	2011435/pg3	
Types MCSP BLOCKES TOWN I For a Month of the precion of the precion of the way of the month of the precion of the way of the month of the precion of	· A'SSI	CHMENT	to the state of th
Types MCSP BLOCKES TOWN I For a Month of the precion of the precion of the way of the month of the precion of the way of the month of the precion of	From: Date:	Veh No: SLS: 8756 H Yr Reans	10/10/17
To haspeed Vehicle No. It would not me. It would not me. It would not me. She assering SC 3667 Tiped to the red is at a full not me. She assering SC 3667 Tiped to the red is at a full not me. Sum handed Excess; Collected Reserve) Make of Vehic. She interest the time of this precition. Series in red is at a full not me. She interest the time of this precition. She interest the time of the time of the precition of the p	Estimated Cost:		
Cool Services of the services	OD / FP WS I IP RES I OD RES I EVA I INV I MV	Truck / Trailer or	
Sp. Reading 363687 Tirkador in red field Notice Policy No. Som Insured: Som Insured: Som Insured: Collective Readed: Coll	To Inspect Vehicle No:	Make: TOYEG CH-R	0.0 1197
Sp. Reading 3C36C7 Tifledint in red Sufficient Suffic	at Morkshob un/a	Colour A/C: Ins	red I Sta I HI I HA
Policy (Co. Cleams No.		Sp.Reading 363687 T/Radio; Imp.	red \$1d HELLIA
Control No. Sum Instited: Sum Institute of Sum Institute	insured:	,	The second section of the sect
Cleams No. Sum Insured: Excess: Cleams Record) Make of Veht: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Rail or Market Veht: (Policy Condition) Rail or Market Veht: (Policy Research) Consistent? : Yes or No (Policy PR Search) Consistent? : Yes or No (Policy PR Search) Consistent? : Yes or No (Policy PR Search) Cay PR Search Consistent? : Yes or No (Policy Present Consistent Co	Policy No.		-
Seeing: Indeed Excess: (Cliente Record) Make of Vehi: (Policy Condition) Remark: The which had commenced its repairs at the time of fins pection. Remark: The which had commenced its repairs at the time of fins pection. Remark: The which had commenced its repairs at the time of fins pection. Remark: Consistent?: Yes or No Gia / PR Sear: Consistent?: Yes or No Est Reasis: Cays Rasi: Yes or No Dest. of Damages: Fit Rear Old Nod 1 1 1 1 1 1 1 1 1			
Collecte Record) Make of Vehic Policy Condition Remark: The veh had commenced its regular the time of inspection. Policy Condition Pol	No.		4
Modit Nill (Signm (STO Diffine)) Remarks The vish had commenced lite repairs the time of lins pection. 8a. or Market Value: IDAC Accident Root: Consistent? : Yes or No GIA PR Seat: Consistent? : Yes or No GIA PR Seat: Consistent? : Yes or No OLO. WE SEMBLE Lum Sunt: Vanishing (St Passur) Consistent? : Yes or No Dest. of Damages: First Rear Condition of Damages: First Rear Condi			
Remarks The veh had commenced its repair at the time of this specifion. 33. or Market Value: 10AC Accident Root: Consistent? 'Yes or No GIA PR Sean: Consistent? 'Yes or No Est. Repairs: Cays Res.; Yes or No CA REV REP. 24 HRS Dele: Person Contested: Description of this process of the contested of the conteste	•	Modi: NII ISIRIM I STD AIRIM OF GORIG	The second district of the second sec
Remarks The veh had commenced its repair at the time of inspection. 85. or Market Value: 1DAC Accident Rport: Consistent?: Yes or No GIA PR Seen: Consistent?: Yes or No Est. Repairs: Cays Res.: Yes or No Lum Sum: CA REV REP. 24 HRS Delet: Person Contected: Description Anthon First Notice Description Anthon First Not	.1	Tyre Size: F:	and the second s
Remarks the value of his pection. Sal. or Market Value: IDAC Accident Rport: Consistent?: Year or No Gla / PR Seet: Consistent?: Year or No Est Repoirs: Cays Ros.: Year or No Est Repoirs: Cays Ros.: Year or No Ca / REV / REP. / 24 HRS Date: Person Contracted: Dest of Demages: Fit / Rear / Ord / Initiation Obtain Time / Repoirs: Obtain Time / Repoirs: Distriction, File Raham In Prefix Report Date of Demages: Fit / Result Prefix Report Obtain Time / Repoirs: Add Fee: Sits Insp (5) Inspriess Add Fee: Result (9) Inspriess Add Fee: Result (9) Inspriess Result	(Dating Condition)	. R:	I PIR I SUMI
Bail or Market Velot: IDAC Accident Rport Consistent?: Year or No GIA / PR Seet: Consistent?: Year or No Est Repairs: Cays Ros.: Year or No Lum Sent: Year or No CA / REV / RES. / 24 HRS Dete: Person Contracted: The UIC / Chesale frame / Body Structer defected one in critision. Detertine, File Rabon in Tension in		BSIDUMIEXNOVAIGYIFSILIZA, MICTORI	
Best, or Market Value: IDAC Accident Rport Consistent?: Yes or No Gla / PR Seen: Consistent?: Yes or No Gla / PR Seen: Consistent?: Yes or No Consistent?: Yes or No Est Repairs: days Rest: Yes or No Consistent?: Yes or No Consistent.: Yes or No Consistent.: Yes or No Consistent.:	repair at the time of inspection.	TOYOTYOKO or	
Consistent?: Yes or No Est Repairs: Cays Res.: Yes or No Lum Sum: 3 Val.: Yes or No CA I REV I REP. I 24 HRS Vehicls: IN / Out Des. of Damages: Fir I Rear I or S I NIS I U : I Rooftog or S I NIS I U : I Ro	a stander Value:	Front	(P mm
GIA / PR Seen: Consistent? : Yes or No Est Repairs: days Ros.: Yes or No Lum Sunn: % 3 Yell: Yes or No CA / REV / REP. / 24 HRS Date: Person Contected: Vehicla: IN/OUT Date/Time / Repairs: Press U7 OsierTime, File Rahm 167 Add Fee: Site Insp (5 1 NPS) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Consistents : Ves of No	UBal.	V mm
Est Repeirs: days Rest. Yes or No Lum Sum: % 3 Val.: Yes or No CA REV REP. 24 HRS Date: Person Contected: Detail Time Anton (Instruction) Distribute, File Fast In Prelli. Report Distribute, File Fast In Prelli. Report Distribute, File Fast In Prelli. Report Add Fee: Sife Insp Sire Fast In Add Fee: Sife Insp Sire Fast In Instruction Instruction Add Fee: Sife Insp Sire Fast In Instruction Instruction Add Fee: Sife Insp Sire Fast In Instruction Instruction Prelli. Report Prelli. Report Date Time, File Fast In Add Fee: Sife Insp Sire Insp Sire Fast In Instruction Instruction Prelli. Report Prelli. Report Date Time, File Fast In Add Fee: Sife Insp Sire Insp Sire Fast In Instruction Instruction Prelli. Report Prelli. Report Date Time, File Fast In Date Time, File Fast In Prelli. Report Prelli. Report Date Time, File Fast In Prelli. Report Prelli. Report Prelli. Report Prelli. Report Prelli. Report Date Time, File Fast In Prelli. Report Prelli. Repor	IDAU Accidentificate	1000. 1	18. 15/1/22
Sums Sum: Same Sum Sum	GIA / PR Geets Res.: Yes or No	10.0A 15/11/2	+
Date: Person Contacted: Vehicle: IN/OUT The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: Person Contacted: Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: The UIC / Chessle frame / Gody Structure effected due to chiliston. Date: The UIC / Chessle frame /	Well Yes or No	Survey hald at	O I Rookop C
Vehicls: IN/OUT Date: Person Contacted: Date: Person Contacted: President of the UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to chasses. Date: Person Contacted: The UIC / Chassis frame / Body Structure affected due to	Lum Sun.		
Detail Time Action First Pursuant Oblight Time, File Risks 107 Prell. Report Days Of Repair: Oblight Time, File Risks 107 Prell. Report Resurvey No. of Trip: Survey Fact Oblight Time, File Risks 107 Survey Fact Oblight Time, File Risks 107 Add Feet Site Insp (5 5 + 83 - 9) Add Feet Site Insp (5 5 + 83 - 9) Inspection (6) Prell. Report Prell. Report Prell. Report Oblight Time, File Risks 107 Prell. Report Prell		OUT UIC / Chassis frame / Body Structu	affected due to collision.
Detail Time Action / Instruction Objectione, File Pass to? Objectione, File Pass to? Prell. Report Days Of Repair: Resurvey No. of Trip: DaterTime, File Ration to? Add Feet Site Insp Interview Tech, Inve (9 1996) Press to 1996 Report Press to 2006 Interview Tech, Inve (9 1996)	Date: Person Contacted:	The Uro I Chassis	The second description of the second descrip
OplerTrine, File Fass M7 Prell. Report Resurvey No. of Trip: Date Trine, File Reham lo? Add Fee: Site Insp Inserview Tech, Inve (% Veres Veres Prell. Report Resurvey No. of Trip: Site Insp Site Insp Veres Tech, Inve (% Veres		1	The second secon
Prell. Report Prell. Report Resurvey No. of Trip: Silvey res:	MV-71K		The state of the s
Prell. Report Prell. Report Resurvey No. of Trip: Silvey res:			The state of the s
Prell. Report Prell. Report Resurvey No. of Trip: Silvey res:			
Prell. Report Prell. Report Resurvey No. of Trip: Silvey res:			
Prell. Report Prell. Report Resurvey No. of Trip: Silvey res:			
Prell. Report Prell. Report Resurvey No. of Trip: Silvey res:			the control of the co
Prell. Report Prell. Report Resurvey No. of Trip: Silvey res:			
Prell. Report Prell. Report Resurvey No. of Trip: Silvey res:		Days Of Repair:	The same and a second second
Date/Time, File Rebuin to? Add Fee: Sife Insp (5			
Add Fee! Sie insp (%) Sie ins			
Paper Formed:	Date/Tyne, File Retoin to?	Add Fee: Sife Insp (5)	S+H33
Repart Former:			2000
Repart omist:			06160
	Reject Formel:		7.00.10.00
	Lump Sun (L.B.). (#)	lancari i	10101



Co. Reg No.: 196700086Z GST Reg No.: MR-8500000-9 No. 2 PANDAN CRESCENT SINGAPORE 128462, Tel no.: 6631 1188

ESTIMATE

Account Details THIRD PARTY CLAIM			Document No. 3 M		Customer Details					
		Document I			M/S Grab Rentals Pte Ltd 3 Media Close #01-03/06 Singapore 138498					
				Document I 15/11/20		Work: 65703	925			
Ye	ear	Model	Variant	Reg. Date	Reg. No.	Kilometers	Wip No.	Order N	No. / Re	marks
20	17	ZYX10	CAT B	10/10/2017	SLS8756H	0	18632	75/DS	/SLS87	756H
	(Chassis No.	Engine No.	Terms	SA / Counter		Vehicle In	C	Collecte	d On
	Z١	YX102073347 2	ZR8189801	60	Ng Mei Yen	//-	0.0	0//-		0.00
L	Cd		Job/Parts Desc	cription		Q	ty Unit Price	Disc %	5	Amount
1 2 3 4 5 6 7 8 9 10 11 12 13 14	B B B B 1 2 3 4 5 6 7	TP VEH NO.:GW4261H DRIVE IN:15/11/22 DATE-IN: DATE:S NO OF REPAIR DAYS: BY: AUTHORIS BP-LAB2 CHECK WIR BP-ECU2 TO RESET BP-MECH2 CONDUCT BP-LAB2 REPL ACC / STRAIGHTEN & PANEL BP-RES2 RESPRAY / T52119-10410 J0 COVI T52129-10010 COVE T52128-10020 COVE T81482-10030 COVE T52128-10030 J0 COVI T53112-10050 GRILL T52521-10040 RETAI	ACC DATE:1 EXCESS: SURVEY: SED ON: RING AND CON ECU AND REPI WHEEL ALIGH	DUCT LEAK TES ROGRAMME HMENT FAREA Y2 R CKM R, 1 LH 1 X PER, / BR		1.0 1.0 1.0 1.0 1.0 1.0 1.0	557.90 90.50 90.50 98.30 35.20 00 171.70 58.60		50 792 48	198.00 198.00 198.00 3960.00 2624.00 1495.90 90.50 98.30 35.20 171.70 58.60 916.30
	-	behalf of Motors (Singapore) Pte Ltd	1	's Signature	Parts Labour Sublet Lubrication/Fluid Others	mmary	Less Amount I	Due		

Customer Copy





inchcape

CO. Reg No.: 196700086Z GST Reg No.: MR-8500000-9 No. 2 PANDAN CRESCENT SINGAPORE 128462, Tel no.: 6631 1188



ESTIMATE

Account Details				Account No. S1000020 / TPCLAIM Document No. 0		Customer Details				
THIRD PARTY CLAIM		Document N	M/S Grab Rentals Pte Ltd 3 Media Close #01-03/06 Singapore 138498							
			Document D 15/11/202		Work: 65703925	5				
Year	Model	Variant	Reg. Date	Reg. No.	Kilometers \	Nip No.	Order No.	/ Remarks		
2017	ZYX10	CAT B	10/10/2017	SLS8756H	0	18632	75/DS/S	LS8756H		
(Chassis No.	Engine No.	Terms	SA / Counter	Ve	ehicle In	Coll	lected On		
Z	YX102073347	2ZR8189801	60	Ng Mei Yen	//	0.00	/	0.00		
L Cd		Job/Parts Descri	ption		Qty	Unit Price	Disc %	Amou		
15 9 16 0 17 1 18 2	T75602-10010 T81150-10870	PROTECTOR OF MOULDING SUB-ASSY HEADLAMP ASSY, LH WHEEL, DISC / Steve (L. 15/11/12)	(M) (KK) 3.30p~ 1P 1P 1 Bek S. 4 dys		1.00 1.00 1.00	115.50 159.20 1984.00 2303.50		115. 159. 1984. 2303.		
For & o	n behalf of LKK Auto Con-	Syllands hance neglistomer's	Signature	Charge Su	mmary	Total		15,264.6		
Borne	on behalf of LKK Auto Consultants (Lince notificationer's Sign to Motors (Singapore) Pte following: To resurvey before/after spray Pleasing acknowledge receipt To display damaged part(s) during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis		receipt of vehicle	Parts Labour Sublet	7,986.6 7,278.0 0.0	less		1,068.5 0.0		
	 No illegal modific Supplementary it 	ry is on a "Without Prejudice" basis ration(s) is allowed lem(s) must be resurveyed and approval from Insurance Company	wed resurveyed and		0.0)ue	16,333.1		
	Acknowledged by R Signature;	Repairer	Custome	r Copy						

SATK22BF0003-01 / Aspectus Consultancy Pte Ltd SATK27 DATE & TIME: 15/11/2022 13:39 (SGT) ENRITTED BY: Weine Chleng SUBMITTED BY: Weine Chleng SUBMITTED B1. Wellie Critering VERSION: 2 (15/11/2022 13.52 (SGT))

(SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

1. Preason region of the occurrence of the element to spread up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Drivet
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.

Any false reporting may be referred to the Police for Investigation.
 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.
 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.

ACCIDENT STATEMENT

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

15/11/2022 13:39 (SGT) Driver 15/11/2022 09:15 (SGT) Jurong Town Hall Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLS8756H

INSURED/POLICYHOLDER

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

GRAB RENTALS PTE LTD 2XXXXX200G gr.sg.accident@grab.com (Phone) +65-96671748 (Office) +65-66550005

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

Private hire Auto

1797

Private hire

No - Claiming third party

Toyota

C-hr

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number MSIG Insurance (Singapore) Pte. Ltd. 400001149

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

SIVANDARASS S/O M SEVOO SXXXX501A 09/10/1962 Outdoor



Page 1 of 25



Date Of Driving Pass 10/10/1985 37 YEARS AND 1 MONTH Driving experience Gender Male (Phone) +65-96671748 Mobile Number Alt. Phone Number gr.sg.accident@grab.com Email Address 986B BUANGKOK CRESCENT #11-52 Address Address complement 532986 Postcode No Is the driver the policyholder? Hirer If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Weather Conditions Dry Road Surface OTHER INFORMATION No Was any foreign vehicle involved in the accident? 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? 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 PASSENGER 1 UNKNOWN Name Female Gender DETAILS OF POLICE ACTION No

Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE 15/11/2022 AT ABOUT 0915 HOURS, I WAS DRIVING VEHICLE A (SLS8756H) ON LANE 1 ALONG JURONG TOWN HALL ROAD TURNING RIGHT TOWARDS AYE WHEN VEHICLE B (GW4261H) ENCROACHED INTO MY LANE FROM LANE 2 AND HIT ONTO THE FRONT LEFT PORTION OF MY CAR, HE YHEN ACCUSED ME OF NOT GIVING WAY TO HIM. NOBODY IS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

GW4261H Nissan







Jehicle W

Vehicle

Vehich

,40

vehicle Model
vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Work Permit No
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

Cabstar
Commercial vehicle
NGIN SING YENG
FXXXX911L
(Phone) +65-91940613
-

F Accident report SA1K22BF0003



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 Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability
- 4. The issue and acceptance of this Formby insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation
- 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)

Lunderstand, acknowledge, agree and consent that

(a) My insurer , my w orkshop 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 (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 wiell 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 law yers/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 Witnessed Reporting Centre Policyholder's Signature / Date & Personne & Time 15/11/22 Sketch Plan A - SLS8756H B - GW4261H

Accident report SA1K22BF0003

Describe Circumstances of the Accident

ON THE 15/11/2022 AT ABOUT 0915 HOURS, I WAS DRIVING VEHICLE A (SLS8756H) ON LANE 1 ALONG JURONG TOWN HALL ROAD TURNING RIGHT TOWARDS AYE WHEN VEHICLE B (GW4261H) ENCROACHED INTO MY LANE FROM LANE 2 AND HIT ONTO THE FRONT LEFT PORTION OF MY CAR, HE YHEN ACCUSED ME OF NOT GIVING WAY TO HIM. NOBODY IS INJURED.

Declaration

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

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

PAccident report SA1K22BF0003

