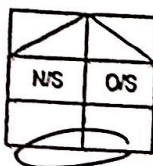


ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: CB 6361Y
 at Workshop m/s EM
 of _____
 Insured: GBH 7600G
 Policy No. _____
 Claims No. CMTD2103464/THE
 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: 830k
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 G/A / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 06 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: CB 6361Y Yr Regn: 06, 08
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy Hiace c.c. 2982
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 816762 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KD14201 5000273

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rlm / STD A/Rlm or

Tyre Size: Wind force

R: Delium 195R15X8

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

Front: _____ Rear: _____
 R/Bal. 9 mm R/Bal. 2 mm
 L/Bal. 9 mm L/Bal. 2 mm
 D.O.A. 23/11/21 D.O.I. 24/11/2021
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>1</u>	<u>PRS, no estimate</u>
	<u>EM repair cost 84-6k 6 repair days</u>
<u>26/11/2021</u>	<u>Submit PRS.</u>

Date/Time, File Pass to?

1) 26/11 TYPIST

Date/Time, File Return to?

2)

☐ : Prell. Report
☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Report Format: TP

Lump Sum / I.B.I: (\$)

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	23.11.21	Time of Accident:	# 12.00 PM
Exact Location:	AMK Ave 1 turning to CTE (Lishwa) SLE TPE		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	CB 63614	NRIC / FIN / Passport no:	53029361K
Name of Registered Owner:	Henry Bus Service		Tel: 88306361
Owner's Email:	hbsbustransport@gmail.com		
Owner's Address:	Blk 445 Ang Mo Kio Ave 10 #12-1629 (560445)		
Vehicle Make:	Toyota	Vehicle Model:	Hiace
Engine Capacity (cc):	2800	Transmission:	Auto / (Manual)
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private (Commercial) / Motorcycle / Private Hire <u>Bus Sch. Bus</u>		
Name of Insurance Co:	China Taiping		
Type of Policy:	Comprehensive / Third Party / (Third Party, Fire & Theft) <input checked="" type="checkbox"/>		
Policy Number:	DMBISNW00012922000		

DRIVER			
Name of Driver:	Leong Kum Falt	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S01325104	Date of Birth:	28.12.1954
Occupation:	Indoor / Outdoor	Driving Pass Date:	11.3.1975
Contact Number:	98310812	Gender:	Male / Female
Address:	Blk 211D Punggol Walk #15-665 (824211)		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:		
Road Surface:	Dry / Wet / Others:		
Was anybody injured?	Yes / (No)	Police Report Made?	Yes / (No)
No. of passenger onboard (including driver):	1		

DETAILS OF OTHER VEHICLE			
	Vehicle 1 (B)	Vehicle 2 (C)	Vehicle 3
Vehicle Registration No:	GBH 7600G	PA 11774	
Vehicle Make / Model:			
Name of Driver:			
NRIC / FIN / Passport no:			
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / In which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

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 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. 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 sited outside of Singapore, for one or more of the above Purposes.

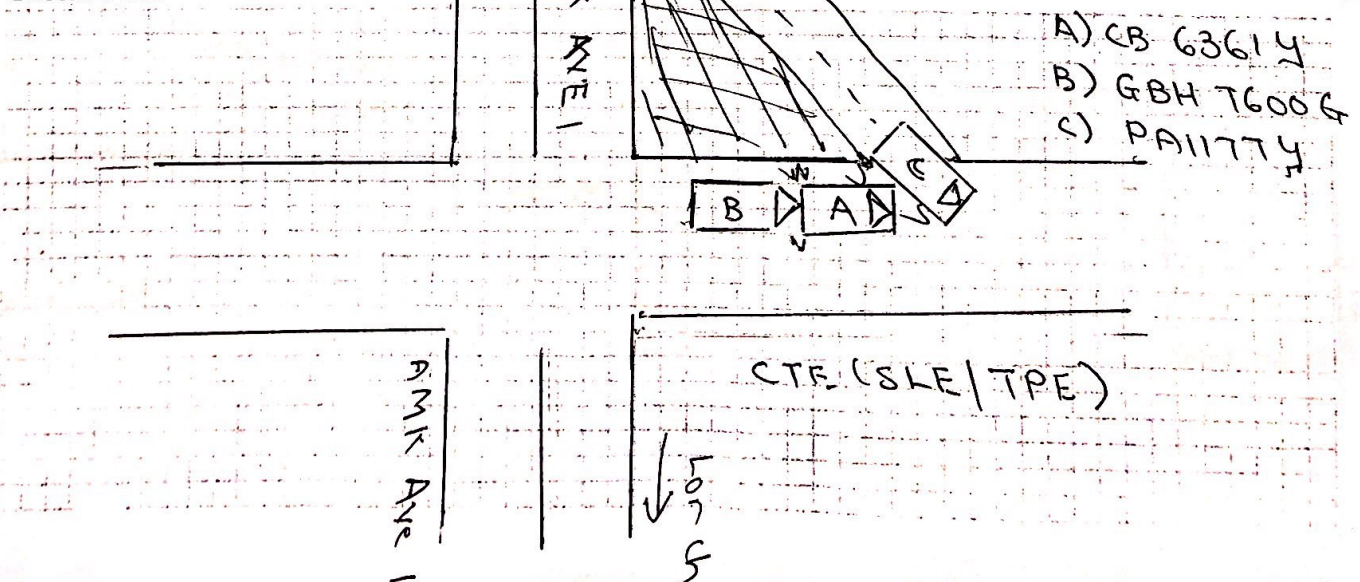


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

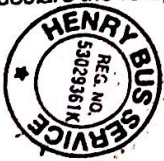


Describe Circumstances of the Accident

I was driving
I had entered into the CTE (SLE / IPE) from AMK Ave 1
Veh C drove out of the slip road without stopping
& collided onto the front left side of my carbus.
Subsequently Veh (B) hit onto the rear of my
vehicle.
The driver of Veh (C) refuses to exchange his
particulars. No one was injured.

Declaration

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



W

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel