ASS. REC. BY: REF: ASM /	23000 2001kg ap3
120 410-1	
Emm.	ASSIGNMENT
Estimated Cost:	Veh No: SUR 9705D Yr Regn: 68, 17
OD MP WS ITP RES I OD RES / EVA / INV / MV	Type: M.Car, M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
To Inspect Vehicle No:	Truck / Traller or
al Workshop m/s	Make: Tay Clark c.c 1797
of	Colour M. Corey AC: Insured / Std / NI / NA
Insured:	Sp.Reading 421847 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	Gen Cond. Co. 27 × 10 · 2015961
Sum leaves t	Gen. Cond: 260d/ Fair / Poor / Burnt
(Client's Record)	Sleering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
	Modi: Nil / S/Rim / STP A/Rim or
(Policy Condition)	Tyre Size: F. Avin 215/160R17
	Tyre Size: F: Avira 215/60R17
Remark: The veh had commenced its repair at the time of inspection.	BS/DIN/EVYOUR
Pol college of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value: 8 75/6	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. Rear
GIA / PR Seen: Consistent?: Yes or No	mm R/Ba!
Est. Repairs:	mm L/Bal 7
Lum Sum: 20 % 3 Val.: Yes or No	D.O.A. 21/12/22 D.O.I. 11/1/2-03
CA / REV / REP. / 24 HRS	Survey held et D.O.I. 11/1/2023
124 / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted: Vehicle: IN / OUT	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
EM not ready	gody structure affected due to collision.
2	
Kenneth re-finalised LS \$3500, 5 days. (Red \$6067.40, 63%)	
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27/01 Typist : Prell. Report	The state of the s
- Float D	Of Repair: 5
Oute/Time, File Return to?	VOV NO OF THE
2)	- Colvey ree
Add Fee:	Site Insp (\$
Report Format: SMART CLAIMS - TP	Interview (\$
The state of the s	Tech Invs (\$
,	Weekend (\$
	TYMNYDAN / F
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© SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 1. Priese report <u>contesting</u> the details of the accurate to speed up the database process.
 2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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 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.

- 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 22/12/2022 16:58 (SGT) Reported by THE TAXABLE PROPERTY OF THE STREET STREET, STR Driver Date of Accident 21/12/2022 20:40 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS KRANJI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehide Registration Number SLR9705D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner L.H.CAR RENTAL PTE LTD Company Reg No 200009761N Email Address carrental.lh@gmail.com Mobile Phone No (Phone) +65-93225670 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Tovota Model C-hr Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you daiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto 1800

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5127247960-000006

DRIVER

Name of Driver LAI HONG FAH NRIC No. S2633014I Date Of Birth 26/05/1966 Occupation Outdoor

SKETCH PLAN

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 Posicyholder and by the Astroit Delect.
- 3 information provided mest be as together and accorde as possible. Any webs micropresentation or withholding of material facts may also Toward companies to recording paid father
- 4. The issue and acceptance of this Form by industrice 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 Surgapore (GEA) for proteoring and that expires of this report will for a fee be made available upon application by interested parties.
- is the independent of this report to the inscrient, you havely consent to the archiving of this report at the contine and to copies of the report being made attrabable aforesaid.
- 4. Consent under the Personal Data Protection Act (POPA)

instruted atmosfedge, agree and comest that

(a) My record my workshop and the General insurance Association of Singapore ('GIA') maybe permitted to collect, use, declare and to process my personal detailers onal information set out in this floring and any other personal information provided by my or processed by any essure: (collectively the Personal Information) and disclose and transfer such Personal information to all insurer(s) who have recised vehicles; anythred in this occupied (all insurence) who have assured vehicle(s) involved in this accident shall be collectively referred to as the "Impurers"). The impurers towyers have bronding Authority of Singapore and any relevant bracesacius adeschi, ampresió (amp se perfuncia) you que brabose(a) or

is processing to saling accordening with my claims including the solfiginary of the claims and any necessary investigations relating to

(ii) mestigacing the accident analist my claims.

(sel comband any surgers selected week and selected to such and surdicities pill surger to the

(iv) administrating my claims (including the implies) of consequentence, statements, involves, reports of nucleos to me, which could involve disclosure of certain personal data opaciting to bring about delivery of the sorrer as well as on the external court of envelopes mail DECKERNING BEREIT

(v) complying such deplicable law in additionated of processing handling and/or dealing with the chains. (collectively the "Purposes")

If we can also have insured schools; sweets in this accident and the insurer; lawyers to make president to collect. user disclose analyz process my Personal Information for one or more of the above Purposes, and

(C) my Personal Information may can be decised by any of the insurers and/or GIA to little mint-party service providers or agregis including their lawyers have sental, which may be select outside of Singapore, for one of most of the above Purposes.

LH CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

Acted Driver's Signetise (if driver a rex the policyholder) / Dale & Time

Witnessed by Reporting Central there as in NINOTO card!

Sketch Plan

