ASS. REC. BY: Tayph REF: C33/(NC 230	100975/TVP3				
ASSIGNMENT					
From: Date:	Veh No: 20211 80.				
Estimated Cost:	Type: Mar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /				
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or				
To Inspect Vehicle No:	Make: Toyota Nowh c.c. 1797				
at Workshop m/s	Colour Silver A/C: Insured / Std / NI / NA				
of	Sp.Reading 96619. T/Radio: Insured / Std / NI / NA				
Insured:	Eng/No:				
Policy No.	C/No: 2WR 800504978				
Claims No.	Gen. Cond: God / Fair / Poor / Burnt				
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or				
(Client's Record)	Brake: Inforder / Jammed / Leaked / Burnt or				
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or				
	Tyre Size: F: 145/65RIT				
(Policy Condition)	R: 2				
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /				
repair at the time of inspection.	TOYO I YOKO or Davanti				
Bal. or Market Value:	Front Rear				
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. C mm R/Bal. 6 mm				
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6 mm				
Est Repairs: days Res.: Yes or No	D.O.A. D.O.I. 3///23				
Lum Sum: % 3 Val.: Yes or No	Survey held at Kny Chen Moster.				
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or				
Vehicle: IN / OUT	Roer o/s				
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.				
Date / Time Action / Instruction					
	1				
Date/Time, File Pass to? : Preli. Report	Days Of Repair:				
1) : Final Report					
Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee:				
2) Add Fe	Transportation:				
	/				
Report Formar :	: Interview (\$) Photos				
Lump Sum / LB.); (')	:Tech. Invs (\$) Others				
)	:Weekend (\$)				
	76741				

SJ0G231Q000B / JP Knights Pte Ltd ENTRY DATE & TIME: 26/01/2023 10:22 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (26/01/2023 10:22 (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 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.

 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 control of the research of the police for investigation by interested parties.
- 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.

And the second second second second	- Torrest Create Address Turkers	CONTRACTOR	THE 25 THE ACT AL	and the second second second
ACCIDENT STATEMEN				

Date of Submission 26/01/2023 10:22 (SGT) Reported by Date of Accident

Exact Location of Accident 25/01/2023 16:00 (SGT) 1 Lor Chuan, Singapore 556818 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1797

Vehicle Registration Number SNC819Z

INSURED/POLICYHOLDER

Name Of Registered Owner COMFORTDELGRO RENT A CAR PTE LTD Company Reg No 1XXXXX775H Email Address dannyng@cdgrentacar.com.sg Mobile Phone No (Phone) +65-92707427 (Office) +65-68820888

VEHICLE PARTICULARS

Toyota Model agest to a secondary second come powers second traditional Noah Exact purpose for which vehicle was being used at time of accident 200 14 C C CHO CO F S STORE S 12 300 379 3 Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Private hire Manual CC

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D18MFL0003414_03

DRIVER

Name of Driver NRIC No PEH SIT GUAN Date Of Birth K B C V C C C SXXXX117J Occupation 24/10/1969 Outdoor

a wifely of the Knyagering of the cold from the Confidence of the colding was a long of the colding of the colding with the colding of the coldina of the co

Date Of Driving Pass Driving experience Gender	15/11/2007 15 YEARS AND 2 MONTHS
Driving experience	15 YEARS AND 2 MONTHS
Gender	A
GOTIGOT 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	Mala
Mobile Number	Male
Mobile Number	(Phone) +65-92707427
Alt. Phone Number	_
Email Address	dannyng@cdgrentacar.com.sg
Address	372 CLEMENTI AVENUE 4#06-274
Address complement	3/2 OLLINERTING
Postcode	* vacata
Postcode	120372
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	
the second of the control of the transfer of the second of	_
Insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
	Yes
Was anybody injured in the Accident?	
Was any injured conveyed to hospital by ambulance?	No
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	; = :
<u> </u>	
#	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
was the accident reported to the police:	No
Was notice of intended Prosecution given?	NO
If yes, against whom?	*
CIRCUMSTANCES OF ACCIDENT	
ON 25/01/2023 AROUND 1600HRS I WAS DRIVING VEHICLE A (AUSTRALIAN SCHOOL, SUDDENLY THERE WAS THIS VEHICL INJURED DURING THE ACCIDENT, I MIGHT SEE A DOCTOR SC	E B (SEG/0/SII) NEAR ENDED TE MOLETY
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes FILE IS NOT SUITABLE
DETAILS OF OTHER \	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SLG7673H Toyota Prius -

e Category	
ne of Driver	Private hire
	LIM SER CHAI
contact Number Address	SXXXX814H
Address complement	(Phone) +65-97812259
Address complement Postcode	4
Postcode Insurance Company Name	*
Insurance Company Name	•
Nature Of Damage Details of property damaged in positions.	-
Details of property damaged in accident No. Of Passenger (Including Date)	-
No. Of Passenger (Including Driver)	*
as (meldding Dilver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PEH SIT GUAN
Condo Para Constant of Condo	
Phone No	Male
Address	-
Address Complement	372 CLEMENTI AVENUE 4#06-274
radios Complement	-
Out Code and the Late of the Code of the C	120372
Approximate Age Years Old	ICC-19-08 F SE
Injuries Sustained	-
Injured person in which webisted	-
Injured person in which vehicle?	SNC819Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

PARTICIPATE SINGS 10000B

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyhelder and/or the Authorized Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willful 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 workshop and the General Insurance Association of Singapone ("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, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (i) investigating the accident and/or my claims.
- (ii) 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, involces, 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(Collectively the "Purposes")

- (5) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law littres, 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.

FLASH ACCIDENT REPORTING OFFICER

FRO VICKY

Policyholder's Signature / Date & Time

Sketch Plan

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

25/01/2023 2025HRS

Witnessed by Reporting Centre Personnel



A-SNC819Z

Describe Circumstances of the Accident

ON 25/01/2023 AROUND 1600HRS I WAS DRIVING VEHICLE A (SNC819Z) ENTERING THE 1 LOR CHUAN BESIDE THE AUSTRALIAN SCHOOL, SUDDENLY THERE WAS THIS VEHICLE B (SLG7673H) REAR ENDED VEHICLE A, I WAS SLIGHTLY INJURED DURING THE ACCIDENT, I MIGHT SEE A DOCTOR SOON.

Declaration

We declare the foregoing particulars are true in every respect,

y respect.

FLASH ACCIDENT