Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Date/Time, File Pass to? : Prell. Report

ASSIGNMENT

Make:

Colour

Eng/No:

Tyre Size:

Front

R/Bal.

D.O.A.

Survey held at

TOYO IXOKO or

O/S

C/No:

Sp.Reading

Truck / Trailer or

Report Format:

Lump Sum / I.B.I: (S

Duta/Time, File Return to?

ASS. REC. BY

Estimated Cost:

at Workshop m/s

Insured:

Policy No.

Claims No.

Sum Insured:

Make of Veh:

(Client's Record)

(Policy Condition)

Bal. or Market Value:

IDAC Accident Roort:

GIA / PR Seen:

Est. Repairs:

Lum Sum:

Remark: The veh had commenced its

repair at the time of inspection.

To Inspect Vehicle No:

OD INTP PWS / TP RES / OD RES / EVA / INV / MY

Excess:

Consistent? : Yes or No

Consistent?: Yes or No

Final Report

Res.: Yes or No

3 Val.: Yes or No

Kenneth

Days Of Repair:

Add Fee:

Resurvey No. of Trip:

: Site insp

Interview

Tech Invs (\$

Weekend (\$

) Others

CTAL

Survey Fee:

Transportation:

Personal Particulars of Owner & Driver (Vehicle A)
Date of Accident: 01 05 23 (dd/mm/yy) Time of Accident: 15:24 (24-HR-FORMAT)
Vehicle No.: SML 8475 Vehicle Make & Model: KIA CERATO
*Transmission: o Manual Co Auto) *C.c: 1'6
Exact location of Accident: PIE towards Change (Before Bedok North Ale 3 Exit) Policyholder's Name: Caleb Raj NRIC/FIN/REG No.: 98672370J.
Policyholder's Name: Caleb Raj NRIC/FIN/REG No.: 986+23+0).
*Policyholder's email address: Mrcalebraj@gmail. (on.
Driver's Name: Catelo Raj . NRIC/FIN/REG No.: S867>370]
*Driver's email address: mr Calebraj @ gmail. (on.
Company Contact No (If any):
Driver's Contact No.: 13-13-11 Company Contact No (II arry). Date of birth: 11-11-1986. Driving Pass Date: 21-08-2008
Driver's Address: BIE 40 SIMS DRIVE # 10-231 8)380040
Insurance Company: SOMPO INSURANCE SINGAPORE DE CO.
Policy No.: DDD MTPVOI 00 9 061 Type of Coverage: Comprehesive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please <u>CIRCLE</u> one only)
Owner /Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
o Own Insurance / o Other Velicle (The one you want to claim against)/ o Reporting (For Record Purpose)
Tyce of Accident
Chain Collision o Head To Rear o Side Swipe o Other
Occupation (nature job) ovndoor o Outdoor *No. of Passengers / Including Driver):
*Passenger Name: ABIGAIL DAWES Gender: Male / Remails WIFE
*Passenger Name: PETRA ARIELLE Gender: Male / Female DAUGHT
Weather condition & Road conditions? (On the day of accident)
o Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others:
Was there any video captured by your car Car camera? Q Yes yo No
Any Injuries: o Yes / o No (If YES) Injured Person' Name:
Injuries Sustain: Injured Person in Which Vehicle:
Police Report field: o Yes / o No (If YES) Which Police Station:
The Other Party (S) Details:
1. Driver's Name / IC No: LAI MEI TING \$ 6847 1963W Vehicle No: 681738T.
Driver's Contact No: 88137038 Insurance Company:
Driver's Contact No: 88137038 Insurance Company: 2. Driver's Name / IC No (If Any): CHAN CHEE KWANG I AN Vehicle No: SJT60C.
Driver's Contact No: +8617821760 Insurance Company:
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:

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, acknow ledge, 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' 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 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' law yers/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.

frank	pant	04/05/2023	
Policyholder's Signature / Date & Time	Diver's Signature (1 do		
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Declaration

We declare the foregoing particulars are true in every respect.

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02/05/2023