<u> </u>	ASSIGNMENT	CV 221- Dag
From: Date:		Yr Regn: 2015, Dec.
Estimated Cost:	Type: M.Car / M.Cycle / Bus / ya	in Deorry / Taxi / Prime Mover /
OD I THUS I TP RES I OD SES I EVA I INV I MV		Park or
To In ≤pect Vehicle No:	Make: /eugest	Partner c.c / 560 A/C: Insured / Std / NI / NA
at Workshop m/s		
of		T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:	F9 H F8 F J 79945
Policy No.		
Claims No.	Gen. Cond: Good/ Fair / Poor / B	
Sum Insured: Excess:	Steering: Inorder / Jammed / Lea	
(Client's Record) Make of Veh:	Brake: Inorder / Jammed / Lea	
THE COUNTY OF TH	Modi: (Ni) / S/Rim / STD A/Rir Tyre Size: F:	-//-
(Po licy Condition)	Tyre Size: F:	1 1
	O/S BS / DUN / EXNOVA / GY / FS / LI	IZA / MIC/ OUTSI / DID / SUMI /
repair at the time of inspection.	TOYO / YOKO or	IZAT KILCH OTT SOT FIRT SOMIT
Bal. or Market Value:	Front	Rear
IDAC Accident Rport: Consistent?: Yes or No	R/Bal. 6 mm	R/Bal. 6 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm	L/Bal. 6 · mm
Est. Repairs: 8 days Res.: Yes or No	D.O.A.	D.O.I. 16/6/73-053
Lum Sum: % 3 Val.: Yes or No	Survey held at	SL TO CON
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / C	DIS I N/S I U/C I Rooftop or
Vehicle: IN / Date: Person Contacted:		eer o/s.
Date / Time Action / Instruction :	The U/C / Chassis frame / B	Body Structure affected due to collision.
Account madecular	, s	
PRS + Paper survey	e e	
		×
03/08/23 Submit LS \$4200, 8 days. (Red	\$2800, 40%)	
Date/Time, File Pass to?		
Pren. Report	Days Of Repair: 8	
) 03/08 Typist : Final Report Date/Time, File Return to?	Resurvey No. of Trip:	Survey Fee:
,		Transportation:
Add	Fee: Site Insp (\$)S+RSSI

: Interview (\$

:Tech. Invs (\$

:Weekend (\$

Photos

Others

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Report Format:

Lump Sum / I.B.I. (\$ 4200

MER-TP

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

GBE4706X

Peugeot

Partner

ACCIDENT STATEMENT

Date of Submission 12/06/2023 13:40 (SGT) Reported by Actual Driver Date of Accident 10/06/2023 14:05 (SGT) Exact Location of Accident Singapore Additional Location Information SUNGEI ROAD Country/State of Loss Singapore

OWN-VEHIGEE .

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes IM3 ASIA PTE LTD 200500029Z DRIVERELIABLERIDES@GMAIL.COM (Phone) +65-98427754

VEHICLE PARTICULARS

Manufacturer

Model

Vehicle Registration Number

Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Employment
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1560

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number	China Taiping Insurance (Singapore) Pte. Ltd. DMCVSNW00143982200
DRIVER	

Name of Driver TAN YONG CHUAH (CHEN YONGQUAN) NRIC No S7902708A Date Of Birth 26/01/1979 Occupation Indoor

Date Of Driving Pass	30/10/2002
Driving experience	20 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98427754
Alt. Phone Number	•
Email Address	STEVEN@IM3ASIA.COM
Address	12 CANTONMENT CLOSE
Address complement	#07-11
Postcode	080012
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	2
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2 No
Was any injured conveyed to hospital by ambulance?	-
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?	Ñ.
Translator's name	No
Translator's ID	* *
Translator's phone number	· •
Translator's email	*
Original language used in the statement	*
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Valida Davidandian Namban	DOOTCOV
Vehicle Registration Number	PC2769Y
Vehicle Manufacturer Vehicle Model	
Vehicle Variant	

Commercial vehicle FANG MENG

(Phone) +65-85108668

Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number

Address				_
Address complement				
Pretrode				•
Insurance Company Name		14 11 111		=
Nature Of Damage		1911 19 0 10 3	Fe har a	•
Details of property damage	d in accident	 fire economic	4.1	-
No. Of Passenger (Includin	a Driver)			-

SKETCH PLAN

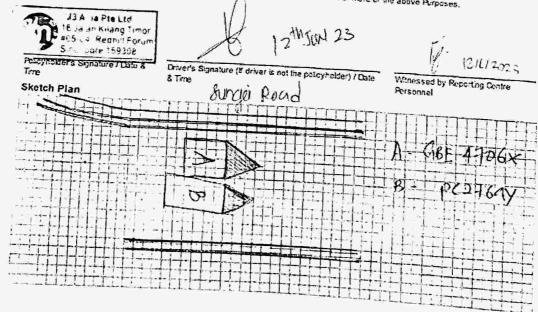
IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as nonalble. Any wild insrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Formby insurance companies is not an admission of policy lability 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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the 8. Consent under the Personal Data Protection Act (PDPA)

Tunderstand, acknowledge, agree and nonsent that ;

- (a) My insurer, my workshop and the General histrance Association of Singarure ("GIA") may/are perushen to collect, use, disclose and/or process my personal date/personal information set out in this (form) and any other personal information provided by my or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Aersonal 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 coloctively referred to as the "Insurors"), the Insurers lawyers/law firms, the Monotary 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 (i) investigating the accident and/or my claims;
- (a) carrying out and/or dealing with my statructions or responding to any enquiries by me;
- (w) administering my claims (including the mating of correspondence, statements, invoices, reports or notices to me, which could involve the control of correspondence of the control o disclosure of certain personal data about ma to bring about delivery of the same na well as on the external cover of envelopes/mg3 packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are parmitted to collect. use, disclose and/or process my Personal Information for one or mine of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the hisurers and/or GA to their third party service providers or agents (including their lawyers/law firms), which may be sted cyliside of Singapore, for one or more of the above Purposes.



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Signant to the con-	Actual Driver's Signature (8 driver is n / Date & Time	of the policy/poided. Nasa	4. 1211/20	2.5
16 Jalan Kilang Timor 805-04 Heshill Forum	J. Ma	1413	ν.	
43 Asia Pte Ltd				
claration declare the foregoing porticulars :	are true in every respect.			
danding.				
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and he said for	ul he hit my	thick. Veh		
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on the abov	3 4 5 3	1.4		
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the Circumstance of the Accid			•	

Accident report SN09236C0003

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