

ASS. REC. BY:

REF: C721

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

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:

IDAC Accident Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

1.81 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

EH NOT ready

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

\$ - RS - SI

: Fixtures

: Others

Report Format :

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

TOTAL

Veh No:

GBH 238K

Yr Regn:

11, 18

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Renault Kangoo

CC

1461

Colour

white

A/C:

Insured / Std / NI / NA

Sp. Reading

46485

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VI1FWT81436 1486551

Gen. Cnd: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim or

Tyre Size:

F:

195/65R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Davant

Front

Rear

R/Bal.

6

mm

R/Bal.

7

mm

L/Bal.

6

mm

L/Bal.

7

mm

D.O.A.

19/6/23

D.O.I.

23/6/2023

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

N/S body

The U/C / Chassis frame / Body Structure affected due to collision.

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 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. 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	20/06/2023 11:04 (SGT)
Reported by	Actual Driver
Date of Accident	19/06/2023 11:20 (SGT)
Exact Location of Accident	River Valley Rd, Singapore
Additional Location Information	TOWARDS HOE KIM ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ236K

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO RENT A CAR PTE LTD
Company Reg No	1XXXXX775H
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-90122209
Alternative Phone No	(Office) +65-81337662

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Kangoo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1461

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0008440

DRIVER

Name of Driver	LAM KATHY
NRIC No	SXXXX157F
Date Of Birth	22/09/1977
Occupation	Outdoor

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 Policyholder 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)
- 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.

FLASH ACCIDENT
REPORTING OFFICER
Mamad



Policyholder's Signature / Date &
Time

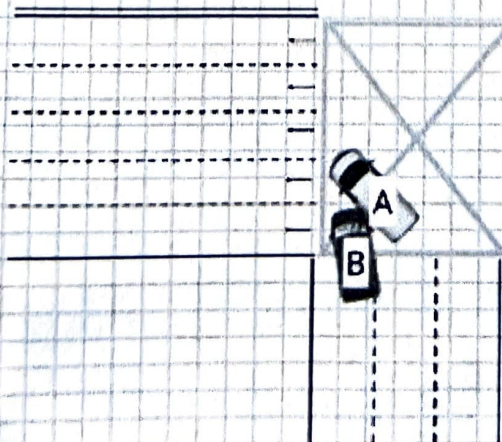
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

19/06/2023 1510HRS

RIVERVALLEY ROAD X HOOT KIAM ROAD



A : GBJ236K

B : GBE9863S