

ASSIGNMENT

Front: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estin: \_\_\_\_\_  
 OD / TP RES / TP RES / OD RES / EVA / INV / MV  
 To in \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
 at \_\_\_\_\_ m/s  
 of \_\_\_\_\_  
 Insured: **SFK 200K**  
 Policy No: \_\_\_\_\_  
 Claim's No: **C10031646/MC**  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

(Policy Condition)

N/S	O/S

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: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SMJT10107 Yr Regn: 2009 April  
 Type: Car / M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Premio CC: 1496  
 Colour: Bronze A/C: Insured / Std / NI / NA  
 Sp. Reading: - T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: NZT2603038056  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: In order / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD A/Rim or \_\_\_\_\_  
 Tyre Size: F: 205/55R16  
 R: 205/55R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or \_\_\_\_\_

Front		Rear
R/Bal. <u>06</u> mm		R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm		L/Bal. <u>06</u> mm
D.O.A. <u>11/9/24</u>		D.O.I. <u>13/09/24</u>

Survey held at Hua Meng  
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or \_\_\_\_\_

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

Date/Time	Action / Instruction
7/11/24	TP Budget Direct. Adrian confirmed LS \$1800 (red 7549.90, 80%) COE Expiry: 13/04/2025
	Estimate given during: Yes ( ) 1st Survey: No ( )
	MV: 451K
	PV: 12K
	Nett: 331K

Date/Time, File Pass to?  : Prel. Report  
 : Final Report

Days Of Repair: 3

Resurvey No. of Trip: \_\_\_\_\_

1) Date/Time, File Return to?  
 2) \_\_\_\_\_

Add Fee:  : Site Insp (\$) \_\_\_\_\_  
 : Interview (\$) \_\_\_\_\_  
 : Tech. Inve (\$) \_\_\_\_\_

Survey Fee: \_\_\_\_\_  
 Transportation: \_\_\_\_\_  
 S + P.S. \$1 \_\_\_\_\_  
 Photos \_\_\_\_\_  
 Others \_\_\_\_\_

Report Format: \_\_\_\_\_  
 Report Date: \_\_\_\_\_

SS2X249C0004 / SME MOTOR PTE LTD  
ENTRY DATE & TIME: 12/09/2024 10:43 (SGT)  
SUBMITTED BY: Chia Pei Ying  
VERSION: 1 (12/09/2024 10:43 (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 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 First Submission	12/09/2024 10:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/09/2024 10:50 (SGT)
Exact Location of Accident	Pasir Ris Dr 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7010T
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KAMEREI BIN SARIF
NRIC No	S1480777B
Email Address	KAMANDGODIS@GMAIL.COM
Mobile Phone No	(Phone) +65-91828233
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Premio
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2005095526-01

#### DRIVER

Name of Driver	KAMEREI BIN SARIF
NRIC No	S1480777B
Date Of Birth	04/03/1961
Occupation	Indoor
Driving Pass Date	22/12/1983
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91828233
Alt. Phone Number	-
Email Address	KAMANDGODIS@GMAIL.COM
Address	470 PASIR RIS DRIVE 6 #02-452
Address complement	-
Postcode	510470
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
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	-

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

I WAS DRIVING ALONG PASIR RIS DRIVE 3 ON 11/09/2024 AT ABOUT 10.50AM. VEHICLE A DRIVE IN FRONT OF VEHICLE C UNTIL IT REACHES THE TRAFFIC LIGHT (GREEN LIGHT). LORRY B RAN A RED LIGHT FROM OPPOSITE DIRECTION AND TURNED ONTO LOYANG LANE, CAUSING VEHICLE A TO COLLIDE WITH LORRY B. AS A RESULT, VEHICLE C HAD NO TIME TO BRAKE AND COLLIDED WITH THE LEFT SIDE OF VEHICLE A.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ1976S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFK200K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	KAMEREI BIN SARIF
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMJ7010T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

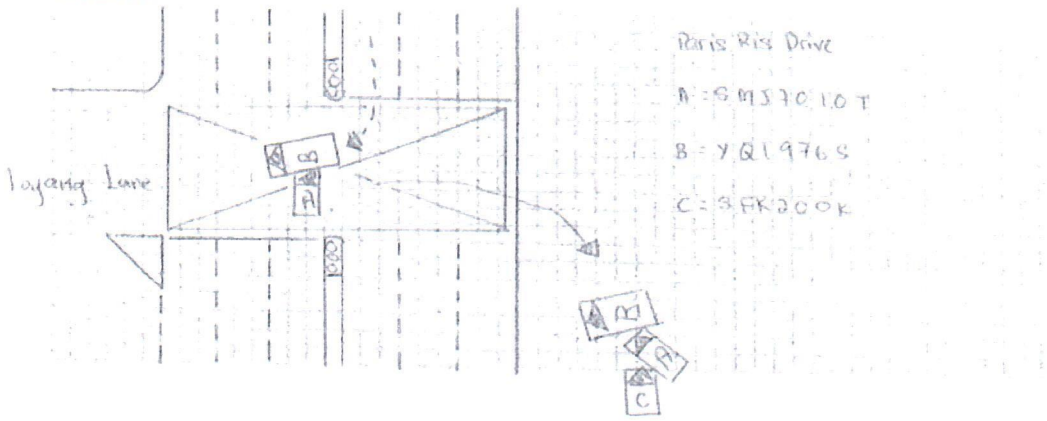
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/may be 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 insurers 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 claim including the settlement of the claim and any necessary investigations relating to the claim;
  - (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 claim (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 correspondence packages); and/or
  - (v) complying to applicable law in administering, processing, handling and/or dealing with my claim, (collectively the "Purposes");
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/may be 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/may 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 based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date & Time \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel \_\_\_\_\_

Sketch Plan

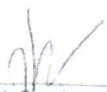



**Describe Circumstances of the Accident**

Lanes driving along Park Drive 3 mi from road at about 10:50am  
Vehicle A drove in front of vehicle C until it reaches the traffic  
light (turn light) - Lorry B was a red light from opposite direction and turned  
onto Lorry Lane, causing vehicle A to collide with Lorry B. As a result  
vehicle C had no time to brake and collided with the left side of vehicle A.

**Declaration:**

We declare the foregoing particulars are true in every respect

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Allianz Insurance Singapore Pte. Ltd.

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1989 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1980  
 OR ANY AMENDMENT ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number: SP2005095526-01  
 Date of Issue: 13 March 2024  
 Coverage: Comprehensive  
 Policyholder: KAMEREI BIN SARIF  
 Period of Insurance: 14 APRIL 2024 to 13 April 2025 (both dates inclusive)  
 Registration No: SMJ7010T  
 Chassis number of Vehicle: N7T2603038056

**Persons or Classes of Persons Entitled to Drive\***

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his/her permission.

\*It is noted that the person driving is permitted in accordance with the wording of other laws or regulations above the Motor Vehicle Rules. If the person driving the Motor Vehicle is held liable by order of Court of Law or by reason of any circumstances or regulations in that effect, then driving the Motor Vehicle by Allianz is deemed to be a Motor Vehicle registered under the Road Transport Act. This is not to be cancelled at the time of issue of this Certificate.

**Limitation as to Use\***

Used only for social, domestic and pleasure purposes and for the Policyholder's business.


**The Policy does not cover:**

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purposes in connection with the Motor Trade

\*Limitations imposed inoperative by Section 8 of Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) are not to be issued under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or Amendment Act or Acts passed in substitution thereof.

13 March 2024  
 Issued Date

  
 Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

Intermediary Code : 0000449 B.A.S. ENTERPRISE  
 Excess : Own Damage  
 : Windscreen Damage

SGD 600.00  
 SGD 100.00