ASSIGNMENT

From:	Date:	Veh No: SFWS325M. Yr Regn: 2018 / Nov		
Estimated Cos	:	Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /		
OD / TP / WS /	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or		
To Inspect Veh	icle No:	Make: Subaru Forestes ac 1985		
at Workshop m	ls.	Colour White AIG: Insured/Std/NI/NA		
of	1,230	Sp.Reading 26195 T/Radio: Insured / Std / NI / NA		
Insured:		Eng/No:		
Policy No.		CANO: JFISJSKCSJG11-2468		
Claims No.		Gen. Cond: Qood / Fair / Poor / Burnt		
Sum Insured:	Excess;	Steering: Inorder / Jammed / Leaked / Burnt or		
(Client's Rec	ord)	Brake: Ingree / Jammed / Leaked / Burnt or		
Make of Veh:	And A Street, And Ass.	Modi: Nil /8/Rin / STD A/Rim or		
		Tyre Size: F: 275/60R17.		
(Policy Cond	tion)	R: 225/60217.		
	eh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repa	r at the time of inspection.	TOYO / YOKO &		
Bal. or Market	Value:	Front Rear		
IDAC Accident	Rport: Consistent? : Yes or No	R/Bal. Ob mm R/Bal. Ob mm		
GIA / PR Se	cn: Consistent? ; Yes or No	L/Bal. OC mm L/Bal. Ob mm		
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 78/03/20		
Lum Sum:	% 3 Val.: Yes or No	Survey held at STK		
CA / DEV	/ REP. / 24 HRS	Des. of Damages (Fit) Rear OIS N/S U/C Rooftop or		
CA / REV	Vehicle: IN / OUT			
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.		
Dale / Time	Action / Instruction			
	TP China			
	MV:			
	PV;			
	Nett:			
		×		
Date/Time, File P	iss lo? : Prell, Report	Days Of Repair:		
	: Final Report	Resurvey No. of Trip: Survey Fee:		
Date/Time. File F	leaned	Transportation:		
3)	Add Fer	(accept		
21		: Interview 48) Fholes		
Report For	nel :	:Tech Invs (8) olen		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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.

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.

	ACCIDENT STATEMENT		
Date Of Report	26/02/2020 10:38		
Date Of Accident	26/02/2020 08:15		
Exact Location Of Accident	DUNEARN ROAD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SFW5325M		
Insured/Policyholder			
Name Of Registered Owner	LU BIN		
NRIC No	SXXXX988A		
Email Address	LUBIN1997@HOTMAIL.COM		
Mobile Phone No	(LOCAL) +65-91061772		
Alternative Phone No	OTHERS-97995616		
Vehicle Particulars			
Manufacturer	SUBARU		
Model	FORESTER 2.0I-L CVT AWD SR		
Exact Purpose for which vehicle was being used at time of accident			
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
f No, Please state action to be taken	THIRD PARTY		
Vehicle Category	PRIVATE CAR		
Insurance Company			
	A STATE OF THE PARTY OF THE PAR		

AXA INSURANCE PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

GA485419 Policy Number

Cover Note Number

Driver

WANG YUANYUAN Name of Driver

SXXXX790E NRIC No 26/11/1976 Date Of Birth INDOOR Occupation 07/06/2006 Date Of Driving Pass

Driving Experience 13 YEARS AND 8 MONTHS

FEMALE Gender

(LOCAL) +65-97995616 Mobile Number

Fax Number

Address BLK 261 TOA PAYOH EAST #21-06

Postcode 381261

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

_

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

3

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJU2099Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

SXXXX376I

Contact Number

96861897

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

Protected By Symantec

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the lodgment 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/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 :
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, Investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

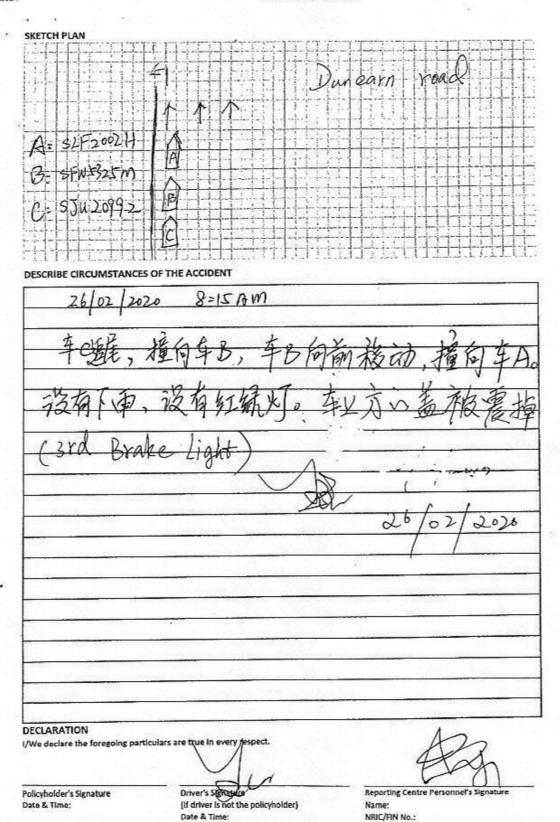
Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

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SMERKEL SHOWN AND ME



POLICYHOLDER ACKNOWLEDGEMENT FORM

Dat	te:	90/03/30					
To	Ow	ner of Vehicle Number:	SFW5325M	050			
			to you via your workshop,	(Dae	through their staff,		
-		yawa.					
Ple	ase	tick the applicable box if y	ou had been advised on any of the	following:			
<i>\</i>	1	You had been advised by is a Fourteen (14) days of occurrence.	y the workshop that in the case the	at you wish to claim agai made within the stipulate			
V	5	You had been advised b	y the workshop on the liability and	merits of the case accor	dingly.		
()	due to this accident.	y the workshop on the claims produced				
()	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.					
()	placed If you wish to c	ation/withdrawal of the Own Dama cancel/withdraw the claim, you sh lirectly to the procurement of the s	ISII Dear all costs, exper	of spare parts have been nses &/or related charges		
()	The estimated waiting to arrival time does not income	me for the spare parts to arrive is lude the repair period.	3	. The estimated		
()	You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.					
()	For vehicles below three (3) years old or under warranty with a local distributor, your insurance company use only original parts to repair your vehicle.					
		company will be carrying	ee (3) years old and no longer und g out repairs where any damaged replaced will be replaced using or (OEM) parts and/or second-han	any combination of or	distributor, your insurance ad will be repaired and an iginal parts and/or original		
()	You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs workmanship related to the accident.					
()	For vehicles that are under warranty with a local distributor, you have been advised by the workshop to che with your local distributor on any effect to your warranty prior to making this Own Damage daim.					
()	Others		7			
5	lgne	d and acknowledged by:					
N	ame	and signature of policy	holder/ authorized driver* and c	ompany stamp (where	applicable)		
		almed deliver to either the	named drivers as per motor insu tted to drive the insured Vehicle.	rance policy or in the ca	ase of commercial vehicle		
		430					
ħ	lame	e and signature of works	hop personnel including compa	any stamp			