ASS. REC. BY:

REF: CS/CTI21004416/Avf3

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: GBD 6080J

Policy No. DMCVSNW00120892000

Claims No. SNM21D201829/C02/TANKL

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SMX9528E Yr Regn: 2021, Feb.

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

Make: Meredes Benz GLA200 c.c 1332

Colour Silves. A/C: Insured / Std / NI / NA

Sp.Reading 3890 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WIN2477872J196474

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi : Nil / S/Rim / STD A/Rim or

Tyre Size: F: 235/55 R18.

R: 235/55 R18.

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental.

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.	30/3/21	D.O.I.	09/04/21

Survey held at Automobile Hub.

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

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

Date / Time	Action / Instruction
	TP Claim
26/5/21	Adrian confirmed LS $1300 (Red 3748, 74%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2) 27/5/21-Typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weel end ($)

Survey Fee:

Transportation:

__$ + PS__SI

Photos

Others

TOTAL

Report Format : Merimen

Lump Sum / I.B.I: ($ LS $1300)

SA0A2141000A / Ajax Mars Pte Ltd
ENTRY DATE & TIME: 01/04/2021 21:33 (SGT)
SUBMITTED BY: Sharil
VERSION: 1 (01/04/2021 21:33 (SGT))

Your NCD will be affected due to late reporting

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 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.
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	01/04/2021 21:33 (SGT)
Date of Accident	30/03/2021 18:34 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	ALONG WOODLANDS AVE 12
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX9528E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOK POH PHENG
NRIC No	SXXXX702F
Email Address	ong.clarence@hotmail.com
Mobile Phone No	(Phone) +65-90032642
Alternative Phone No	+65-90032642

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Gla200
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1332

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG21003307
Cover Note Number	NA

DRIVER

Name of Driver	CLARENCE ONG MIN CONG
NRIC No	TXXXX133A

Date Of Birth	23/10/2000
Occupation	Indoor
Date Of Driving Pass	02/07/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90032642
Alt. Phone Number	-
Email Address	ong.clarence@hotmail.com
Address	Eight Courtyards, 18B Canberra Drive 768100
Address complement	12-47
Postcode	768100
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material 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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

An accident occurred on 30th Match 2021 6:34 PM, I am the driver of the car SMX9528E.
-I'm driving along Woodlands Avenue 12, when me and a car GBD6080J had an accident.
-The car (GBD6080J) was in-front of me.
-Both car was waiting for the traffic light to turn.
-I signaled for left to turn out from my lane, checked for traffic on the my left and turned out.
-After which I turned out completely, I have the clear way of passage and procced.
-That car (GBD6080J) turned out without noticing me and collided into my right back area and wheel.
-There are bad scratches on the right back wheel's rim and the right back area.
-I have a car camera and the footage that caught the whole accident from 6:34PM - 6:35PM.
-It evidently shows that I have a clear way of passage to drive.
-As I have the clear way of passage I am not in the wrong.
-Me and the driver (GBD6080J) have exchanged IC and details after.
-The driver of (GBD6080J) is working at Urecon, (65695298) as shown on the vehicle as it was a company car.
-I will procced to call the company and inform them.
-This report serve as reporting the accident as I was not in the fault as I had evidence from my car footage clearly showing I have the right path of way.

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	GBD6080J
Vehicle Manufacturer	Fiat
Vehicle Model	Doblo
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMAD SOUFIE BIN ABDUL LATIFF
NRIC No	SXXXX844B
Contact Number	(Phone) +65-92374425
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN
SMX9528E

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 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 :

   (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.

   (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.

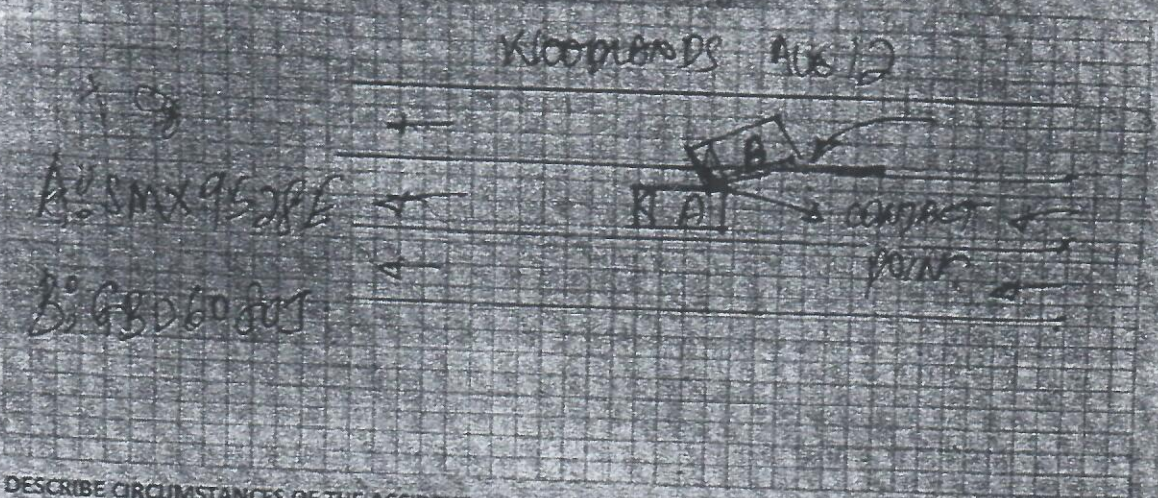
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

1 Apr 2021

SKETCH PLAN #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT

DECLARATION

I/We declare the foregoing particulars are true in every respect.

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI

Policyholder's Signature
Date & Time

Driver's Signature

Reporting Centre Personnel's Signature
Name

SINGAPORE POLICE FORCE

L/20210331/7012

POLICE REPORT (NP299)

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Report No. L/20210331/7012

Date/Time Report Made	Vide Report No.	Station Diary No.
31/03/2021 13:31		

Name Of Informant	Address
CLARENCE ONG MIN CONG	18B CANBERRA DRIVE #12-47 SINGAPORE 768100
ID Type / ID No. NRIC NO / T0037133A	Contact No. Home/Office: Mobile: 90032642
Nationality SINGAPORE CITIZEN	Email Address ONG.CLARENCE@HOTMAIL.COM

Occupation	Sex	Age	Date of Birth	Race
Student	Male	20	23/10/2000	Chinese

Institution/School Name	Language
	English

Date/Time Of Incident	Location Of Incident
30/03/2021 18:30 - 30/03/2021 18:35	WOODLANDS AVENUE 12

Brief details.

An accident occurred on 30th Match 2021 6:34 PM, I am the driver of the car SMX9528E.

-I'm driving along Woodlands Avenue 12, when me and a car GBD6080J had an accident.
-The car (GBD6080J) was in-front of me.
-Both car was waiting for the traffic light to turn.
-I signaled for left to turn out from my lane, checked for traffic on the my left and turned out.
-After which I turned out completely, I have the clear way of passage and procced.
-That car (GBD6080J) turned out without noticing me and collided into my right back area and wheel.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Not applicable	
Signature Of Interpreter: Not applicable	Date/Time: 31/03/2021 13:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT (NP299) **CONTINUATION OF REPORT**

Report No. L/20210331/7012

-There are bad scratches on the right back wheel's rim and the right back area.
-I have a car camera and the footage that caught the whole accident from 6:34PM - 6:35PM.
-It evidently shows that I have a clear way of passage to drive.
-As I have the clear way of passage I am not in the wrong.
-Me and the driver (GBD6080J) have exchanged IC and details after.
-The driver of (GBD6080J) is working at Urecon, (65695298) as shown on the vehicle as it was a company car.
-I will procced to call the company and inform them.
-This report serve as reporting the accident as I was not in the fault as I had evidence from my car footage clearly showing I have the right path of way.

Subjects Involved			
Victim			
Person Name	CLARENCE ONG MIN CONG		
ID Type	NRIC NO	ID No	T0037133A
Gender	Male	Age	20
Race	Chinese	Language	English
Occupation	Student	Address	18B CANBERRA DRIVE #12-47 SINGAPORE 768100
Mobile No	90032642	Is Informant A Victim?	Yes
Person Name	CLARENCE ONG MIN CONG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/03/2021 13:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp