

REF: CS/EG121004954/Avf3

ASS. REC. BY:

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: **SMX 6822A**
 Policy No. _____
 Claims No. **CDMPG21000693**
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **SLM2910A** Yr Regn: **2015, Jan.**
 Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **Audi A4.** c.c. **1798**
 Colour: **Black** A/C: **Insured / Std / NI / NA**
 Sp. Reading: **103182** T/Radio: **Insured / Std / NI / NA**
 Eng/No: _____
 C/No: **WAUZZZ8KXFA060990**
 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: **245/40 R18**
 R: **245/40 R18**

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Maxxis**
 Front / Rear
 R/Bal. **06** mm R/Bal. **06** mm
 L/Bal. **06** mm L/Bal. **06** mm
 D.O.A. **9/4/21** D.O.I. **27/04/21.**
 *Survey held at **MG Solution.**
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front o/s.
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ 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

Date / Time	Action / Instruction
	TP Ergo
28/5/21	Adrian confirmed LS \$4500 (Red 3466.30, 43%)
	MV :
	PV :
	Nett :

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

Days Of Repair: **4**
 Resurvey No. of Trip: **1**

2) **28/5/21-Typist**

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____

Survey Fee:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Transportation:	
3 + RS. SI	
Photos	
Others	
TOTAL	<input type="text"/>

Report Format : **Merimen**
 Lump Sum / I.B.I. (\$) **LS \$4500**

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 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 12/04/2021 09:28 (SGT)
Date of Accident 09/04/2021 11:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information AT LEVEL 2 LOT NO. 17 OF PREMISE OF MAPEX BUILDING, 37
JLN PEMIMPIN S577177
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM2910A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZHUANG KUAN YUAN ZECHARIAH
NRIC No SXXXX027D
Email Address zechariah_zhuang@hotmail.com
Mobile Phone No (Phone) +65-97550494
Alternative Phone No +65-97550494

VEHICLE PARTICULARS

Manufacturer Audi
Model AUDI / A4 1.8 TFSI MU (EU6)
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 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5116839416-01
Cover Note Number -

DRIVER

Name of Driver ZHUANG KUAN YUAN ZECHARIAH

NRIC No	SXXXX027D
Date Of Birth	08/11/1987
Occupation	Indoor
Date Of Driving Pass	05/06/2009
Driving experience	11 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97550494
Alt. Phone Number	+65-97550494
Email Address	zechariah_zhuang@hotmail.com
Address	BLK 307A #01-34 ANCHORVALE ROAD
Address complement	-
Postcode	541307
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210409/7022;

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX6822A
Vehicle Manufacturer	BMW
Vehicle Model	Vehicle Make/Model B.M.W. / 118I LED HL
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	-
No. Of Passenger (Including Driver)	-

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/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.

[Signature] 09/04/2021

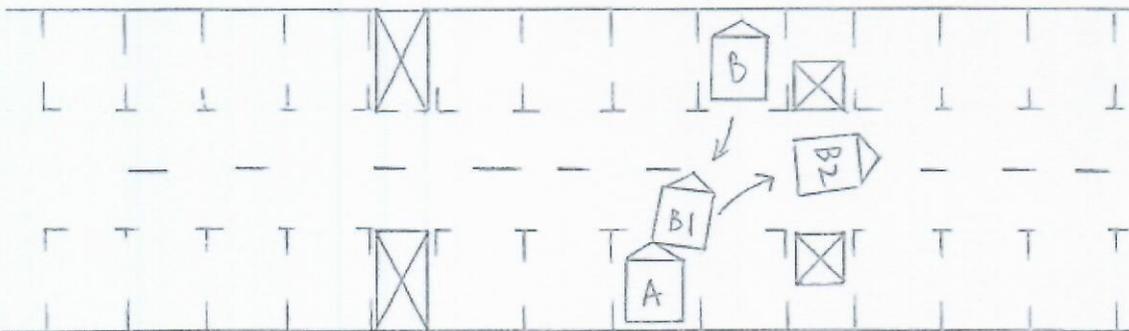
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

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

Handwritten notes in the form area:

✓

pls refer
Traffic Police No
T/2010409/7022

A) SLM 2910A
B) SMX 6822A

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

 09/04/2021

Policyholder's Signature / Date & Time

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

IDAC KAKI BUKIT (YAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210409/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210409/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2021 15:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ZHUANG KUANYUAN ZECHARIAH			Address: 307A ANCHORVALE ROAD #01-34 SINGAPORE 541307		
ID Type / ID No.: NRIC NO / S8735027D			Contact No.: Home/Office: Mobile: 97550494		
Nationality: SINGAPORE CITIZEN			Email: ZECHARIAH_ZHUANG@HOTMAIL.COM		
Sex: Male	Age: 33	Date of Birth: 08/11/1987	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Educator		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/04/2021 11:50	Type of Location: Car Park
Location: MAPEX BUILDING				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLM2910A	Car	AUDI	A4 1.8 TFSI MU (EU6)	Black		0
SMX6822A	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE
POLICE FORCE



T/20210409/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210409/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM2910A	NTUC Income Insurance Co-Operative Limited	5116839416-01	20/03/2021	19/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHUANG KUANYUAN ZECHARIAH	ID No.	S8735027D
Related Vehicle	SLM2910A (Car)	Contact No.	97550494
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 09/04/2021 at about 1100hrs, I parked my vehicle stationary at level 2 Lot no. 17 of premises of Mapex Building, 37 Jalan Pemimpin Singapore 577177. Everything was intact. However, I was informed by my next door unit at about 1150am that my vehicle (A) was being hit by another vehicle (B) while doing a reverse parking. I viewed my in-car camera and managed to get the vehicle number that hit onto my parked vehicle. I wish to state that this is a hit and run case. I have also contacted the premises property manager and their CCTV footage managed to capture the whole incident but was unable to release to me and can only be retrieved via police officer.

Vehicle A: SLM2910A
Vehicle B: SMX6822A



SINGAPORE
POLICE FORCE



T/20210409/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210409/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / NOR AFFENDY BIN JAFFAR Contact No.: 65476368

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 09/04/2021 15:49
Classification Of Case:

Authentication Stamp
NP168