CS/AGI21006205/Aqf3

ASSIGNMENT SLX5497Z. Yr Regn: 2018 / March. Veh No: Date From: Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Estimated Cost: Truck / Trailer or OD / TP / WS / TP RES / OD RES / EVA / INV / MV Nissin Gashgai Make: To Inspect Vehicle No: A/C: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured: SJAFEAJILY2217271 C/No: Policy No. Gen. Cond. Good | Fair / Poor / Burnt Claims No. C10010311/JM Steering: norder Jammed / Leaked / Burnt or Excess: Sum Insured: Inorden / Jammed / Leaked / Burnt or Brake: (Client's Record) Nil /S/Rim | STD A/Rim or Modi: Make of Veh: 215/60217. Tyre Size: 215/60R17. (Policy Condition) BS / DUN / EXNOVA / GY / FS / LIZA / MIC) OHTSU / PIR / SUMI / N/S O/S Remark: The veh had commenced its repair at the time of inspection. TOYO / YOKO or Rear Front Bal. or Market Value: oh R/Bal. mm R/Bal. Consistent?: Yes or No mm IDAC Accident Rport: 01 L/Bal. 06 mm L/Bal. Consistent?: Yes or No mm GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No 2 days Est. Repairs: 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages: Frt / Rear / O/S / (N/S) U/C / Rooftop or CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Person Contacted: Date: Action / Instruction Date / Time MV: PV: Nett: LS \$2000, 2 days (Red \$2282.60, 53%) Days Of Repair: Date/Time, File Pass to? : Preli. Report Survey Fee: Resurvey No. of Trip: 2 : Final Report 27/07 Typist Transportation: Date/Time, File Return to? Add Fee: Site Insp (\$ S+RS._SI Interview (\$ Photos Tech. Invs (3) Univers TP Report Formet: Westend is Lump Sum / LEds 2000

SN09215K0008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 20/05/2021 15:14 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (20/05/2021 15:14 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

20/05/2021 15:14 (SGT) 20/05/2021 09:10 (SGT) 65 Circuit Rd, Block 65, Singapore 370065 FOOD CENTRE CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLX5497Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

No LEE CHEE WEI ANDREW SXXXX279D A17DREW@GMAIL.COM (Phone) +65-93833899 +65-93833899

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model

Variant

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?

Vehicle Category Transmission

CC

Nissan Qashqai

Private use

No - Claiming third party Private car

Auto 1200

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive No

1800032937-03

DRIVER

Name of Driver NRIC No

LEE CHEE WEI ANDREW SXXXX279D



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03/11/1978 Date Of Birth Outdoor Occupation 06/05/2002 Date Of Driving Pass 19 YEARS Driving experience Male Gender (Phone) +65-93833899 Mobile Number +65-93833899 Alt. Phone Number A17DREW@GMAIL.COM **Email Address BLK 308A PUNGGOL WALK** Address #10-426 Address complement 821308 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collided into Parked Vehicle Type of Accident Clear Weather Conditions 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? Yes Was any other material or property damaged? Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV167G
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	75
Vehicle Category	Private car
Name of Driver	
Contact Number	(Phone) +65-82226380
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 Formmust 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 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited 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

Sketch Plan

Circuit Road Market & Food Contra.

R: SKV167G

A · SLX5497Z

Describe Circumstances of the Accident
On 20/05/2021 at about 07.10 hrs my vehicle (SLXSH97Z) was parked at Block 65 Circuit Road Food Centre Carpark. As I was walking town Block 80 Food Centre, I saw vehicle B(SKV167G
(SLXS497Z) was parked at Block 65 Circuit
Road Food Centre Carpark. As I was walking town
Block 80 Food centre, I saw vehicle B(SKV1679
reversing into the lot on my vehillo left side
and loning into close contact. I walked back
towards my vehicle and realised that vehicle
B had collided into the left side portion of
my Johide while doing his reverse parking We
exchange particulars and decided to proceed with
insurance claims.

Declaration

IWe 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

Sym 30/05/31 Witnessed by Reporting Centre Personnel