ASSI	GAMENT	
From Date:	Veh No: 5MS 13 12P Yr Regn: 2020/ Feb.	
Estimated Cost:	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 Vehicle No:	Make: Volkswager holf. c.c 1395	
at Workshop m/s	Colour Rd - A/C: Insured / Std / NI / NA	
of	Sp.Reading 6685 T/Radio: Insured / Std / NI / NA	
Insured:	Eng/No:	
Policy No.	C/No: WVWZZZAUZKW160383.	
Claims No.	Gen. Cond: 600d / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or	
Make of Veh:	Modí: Nil / S/Rim / STD A/Rim or	
	Tyre Size: F: 225/45R17-	
(Policy Condition)	R: 225/45R12	
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU (PIR) SUMI /	
repair at the time of inspection.	TOYO / YOKO or	
Bal, or Market Value:	<u>Front</u> <u>Rear</u>	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm	
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 96 mm	
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 07/06/21	
Lum Sum: % 3 Val.: Yes or No	'Survey held at +in Hua.	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rean / O/S / N/S / U/C / Rooftop or	
Vehicle: IN / OUT	- LP - In Structure offseted due to collicion	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.	
Date / Time Action / Instruction TP China	•	
(Country		
mv :		
PV:		
Nett:		
	•	
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to?	Transportation:	
2) Add Fe	ee: :Site Insp (\$)3+R\$,\$I	
	: Interview (\$) Photos	
Report Formst:	: Tech. Invs (3) Others	
Lump Sum / LP.i: (3	:'Weel and (\$)	

SA1F21670001 / ALPINE MOTORS PTE LTD ENTRY DATE & TIME: 07/06/2021 10:37 (SGT) SUBMITTED BY: Mohammad Suhaimi Bin Mohd Suadi Ong VERSION: 1 (07/06/2021 10:37 (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 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

07/06/2021 10:37 (SGT) 04/06/2021 19:00 (SGT) Singapore ALONG BOUNDARY RD TWDS ANG MO KIO AVE 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMS1312P

INSURED/POLICYHOLDER

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

No LI YANBO SXXXX713F apexih@yanoo.com.sg (Phone) +65-86042260 +65-86042260

VEHICLE PARTICULARS

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

Volkswagen Golf

Private use

No - Claiming third party Private car Auto 1395

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

AXA Insurance Pte Ltd Comprehensive No

DRIVER

Name of Driver NRIC No

CHU JIANFU SXXXX740F



Page 1 of 14

12/04/1985 Date Of Birth Indoor Occupation 04/06/2021 Date Of Driving Pass 0 MONTH Driving experience Gender (Phone) +65-96475789 Mobile Number Alt. Phone Number apexih@yanoo.com.sg **Email Address** 239 SERANGOON AVENUE 2 #10-33 SPORE 550239 Address Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 Properties Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

PASSENGER 1

Name CHU BOKANG
Gender Male

PASSENGER 2

Name CHU BOYAN Gender Male

PASSENGER 3

Name LI YANBO Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE8585B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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

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- 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.

Time

& Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

> A - SMS 1312P B - GBF 8585B

be Circumstances of the Accident
on the state date and time, 2 was travelling along Burndary
Many of made the second of the
pand turned Any mo lea Ave I on the middle land . The to fee
tentic light ahead I slowed down . Suddenly , I heard a land bung
1 Janes J 12 Mente a lane party
and grown impact from the rear of my vehicle A. When I alighted ?
realised it was varicle & failed to you down causing the damages to the
The first file the first the file
Mar parties of my wehicle A.

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 8 Time

Witnessed by Reporting Centre Personnel