CS/CTI21007029/Atc

ASSIGNMENT

From: Date:	Veh No: SLWS 432R Yr Regn: 2018 / 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: Mit ASX . c.c 1998
at Workshop m/s	Colour Silves - A/G: Insured / Std / NI / NA
of	Sp.Reading 49451 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: JMFXTGAZWJZ009085
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Ingder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SKTD / STD A/Rim or
Estimate the Section of the Section	Tyre Size: F: 275/55 R18
(Policy Condition)	R: 225/55R18.
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. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 28/06/21.
Lum Sum: % 3 Val.: Yes or No	Survey held at Progressive (ubi)!
CA / REV / REP. / 24 HRS	Des. of Damages : Frt Rear O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
TPChina.	
part by part 1714.50,	3davs
m√ : red:2403.40;585	
PV:	
Nett;	
CAMPAN CONTROL OF THE VICTORIAN	•
Date/Time, File Pass to? : Preli. Report	Days Of Repair:
accepted to the second	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee	: : Site Insp (\$)s+Pssi
133(0)	: Interview (\$) Photos
Report Formst:	: Tech. Invs (\$) Others
Lunap Som / LEJ: (3	: Weel end (8
Ø.	70191.

SP0U21680001 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 08/06/2021 10:41 (SGT) SUBMITTED BY: Ng Pei Wen VERSION: 1 (08/06/2021 10:41 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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 08/06/2021 10:41 (SGT) Date of Accident 07/06/2021 17:20 (SGT) Exact Location of Accident PIE, Singapore **EXIT TOWARDS JALAN EUNOS** Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW5432R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MIRZA LAEEQUE BAIG NRIC No SXXXXX135B MIRZAY@OUTLOOK.SG Email Address Mobile Phone No (Phone) +65-93847120 Alternative Phone No +65-93847120

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Asx Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Auto Transmission 1998 CC

INSURANCE COMPANY

Auto & General Insurance (Singapore) Pte. Limited. Name of Insurance Company Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number

DRIVER

MIRZA LAEEQUE BAIG Name of Driver SXXXXX135B



Date Of Birth 16/06/1960 Occupation Indoor Date Of Driving Pass 19/01/2008 13 YEARS AND 5 MONTHS Driving experience Gender Mobile Number (Phone) +65-93847120 Alt. Phone Number +65-93847120 Email Address MIRZAY@OUTLOOK.SG Address BLK 2 HAIG ROAD #09-517 Address complement Postcode 430002 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX 1
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH9739J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-



Vehicle Category	Private car
Name of Driver	NG WAI YEE SALLY MRS SALLY GOH
Contact Number	(Phone) +65-96309553
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 w orkshop 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 &

10-10am Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date 150cd 8 18

Witnessed by Repo

Personnel

Jalan Euros

PIF

Describe Circumstances of the Accident

I Stopped	lat PIE Ship Youd (towards
	6 enter 6 Jalan Eunos,
	with car behind me come
	my care from behind. No
injury L	appenedi
Declaration	
We declare the foregoing particula	N
If you wish to claim against your ow must be made within the stipulated	n policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim timeframe from the day of occurrence. Kindly check with your insurer for more details.
Large	Mon
Policyholder's Signature / Date & Time /01001VM	Driver's Signature (# driver is not the policyholder) / Date Witnessed by Reporting Centre & Time
8/6/202	21