CS/EGI21007044/Atf3 ASSIGNMENT Smw9682 Y. Yr Regn: 2014 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 Meredos Benz CLAZUS and 1595 Make: To Inspect Vehicle No: Insured / Std / NI / NA Colour at Workshop m/s T/Radio: Insured / Std / NI / NA Sp.Reading Eng/No: Insured: WDD1173432N073727 C/No: Policy No. Gen. Cond. Good / Fair / Poor / Burnt Claims No. Steering: Inorder / Jammed / Leaked / Burnt or Excess: Sum Insured: Iporder / Jammed / Leaked / Burnt or Brake: (Client's Record) NIL SIRIN / STD AIRIM or Modi: Make of Veh: 225/40R18. Tyre Size: R: 25/40RIZ.

B3/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/ (Policy Condition) Remark: The veh had commenced its O/S N/S repair at the time of inspection. TOYO / YOKO or Rear Bal. or Market Value: Front 06 R/Bal. R/Bal. Consistent?: Yes or No mm IDAC Accident Rport: 06 L/Bal. L/Bal. Consistent?: Yes or No mm GIA / PR Seen: D.O.I. D.O.A. Res.: Yes or No Est. Repairs: days 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 Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction TP figo. LUMP SUM 5200, 6DAYS RED: 9693.9;65% Nett: Days Of Repair: 6 Date/Time, File Pass to? : Preli. Report Resurvey No. of Trip: Survey Fee: : Final Report Date/Time, File Return to? Transportation: Add Fee: Site Insp (\$ 3 + RS.\_\_SI Interview (\$ Photos Tech, Invs (3)

Meet and (S

Report Format:

Luciap Sum / LBJ: (3)

SS1Y216O0003 / SME MOTOR PTE LTD ENTRY DATE & TIME: 24/06/2021 13:13 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (24/06/2021 13:13 (SGT))



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

24/06/2021 13:13 (SGT) 23/06/2021 21:45 (SGT) 30 Lor 6 Geylang, Singapore 399182 SUNFLOWER COURT CARPARK Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMW9682Y

#### INSURED/POLICYHOLDER

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

Mobile Phone No Alternative Phone No No

ZHENG CHENG XIONG SXXXX226D zhengchengxiong@hotmail.com (Phone) +65-93578688 +65-93578688

# VEHICLE PARTICULARS

Manufacturer Model

Variant

CC

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

Mercedes Cla200

Private use

No - Claiming third party Private car

Auto 1600

# INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

NTUC Income Insurance Co-operative Ltd Comprehensive 5120531049

DRIVER

Name of Driver NRIC No

ZHENG CHENG XIONG SXXXX226D



Date Of Birth16/01/1990OccupationIndoorDate Of Driving Pass19/10/2009

Driving experience 11 YEARS AND 8 MONTHS

Gender

Mobile Number (Phone) +65-93578688
Alt. Phone Number +65-93578688

Email Address zhengchengxiong@hotmail.com
Address BLK 303 CANBERRA ROAD #14-39

Address complement Postcode 750303
Is the driver the policyholder? Yes

Is the driver the policyholder?

Yes

If No, Relationship of the Driver with the Insured

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

Type of Accident Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface 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?

Yes
Number of Passengers (Including Driver)

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?

Was notice of intended Prosecution given?

No
If yes, against whom?

# CIRCUMSTANCES OF ACCIDENT

MY VEHICLE WAS STATIONARY PARKED AT LOT 20 OF CARPARK OF SUNFLOWER COURT ON 23/06/2021 AT 2145HRS. SUDDENLY, I RECEIVED A CALL CLAIMING THAT HE HAD COLLIDED ONTO MY CAR. SO I GO DOWN TO CHECK MY VEHICLE. I REALISED MY CAR FRONT RH SIDE WAS DAMAGED.

# ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number GBJ8511M

Vehicle Manufacturer 
Vehicle Model 
Vehicle Variant 
Vehicle Colour 
Vehicle Category Commercia

Vehicle Category

Name of Driver

Passport No/FIN

Commercial vehicle
HOWLADER NAHID
GXXXX551W

Contact Number	(Phone) +65-94518806			
Address				
Address complement				
Postcode	-			
Insurance Company Name	-			
Nature Of Damage				
Details of property damaged in accident	VEHICLE B			
No. Of Passenger (Including Driver)	-			

### SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Author/sed 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 incurers 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) possessed by my insurer (conscivery the Personal Information ) and bave insured vehicle(s) involved in this accident shall be 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 section ent 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 unquirtee 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
- (v) complying with applicable law in administoring, processing, handing and/or dealing with my claims.

- (b) all insurer(a) who have insured vehicle(a) 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.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Darsonnel

Sketch Plan

Time

Carport of sunflower court

vehit: SMW96827 vehs : 9838511m

	Mu	Va V	Cille	WAS	STATIO	namy	parke	d at	lot	20 08
Compi	MC	of	Sun	flower	COM	rt ov	2300	6-202	1 (0)	2145 Ws
,										
She	der	dy	. 1	rece	ived	9 (	all c	HAIMIZ	y th	at
he	W.	AS	6011	ded	onto	- NA	y car	V. 50	1 9	o don
					15.14	_ , .	1220	IMY	lan	front 6
-16	U	ALLE	W	19 V	mick		Alle			
		-	Jai	mage	×.					
Side	1	VAS	Mai	News -						
									-	
					-					
									-	
									-	

save 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