

ASS. REC. BY: REF: CS/CTI21007360/Avc

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: GN 6288R Policy No. DMCVNA00069252101 Claims No. SNM21D203732/C02 Sum Insured: Excess: (Client's Record) Make of Veh:

Veh No: SMD7390C Yr Regn: 2018 August. Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make: Mazda 6 c.c 1998 Colour: Silver A/C: Insured / Std / NI / NA Sp. Reading: 3645 T/Radio: Insured / Std / NI / NA Eng/No: C/No: JM6GL1072K 0303472 Gen. Cond: Good / Fair / Poor / Burnt Steering: In order / Jammed / Leaked / Burnt or Brake: In order / Jammed / Leaked / Burnt or Modi: Nil (S/Rim) / STD A/Rim or Tyre Size: F: 225/55R17 R: 225/55R17

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

Table with 2 columns: N/S, O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

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

Front Rear R/Bal. 06 mm R/Bal. 06 mm L/Bal. 06 mm L/Bal. 06 mm D.O.A. 3/7/21 D.O.I. 07/07/21

Survey held at STK. 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.

Table with 2 columns: Date / Time, Action / Instruction. Row 1: TP chine. Row 2: 12/1/22 Adrian confirmed LS\$3900 (Red 2707.60, 40%)

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

Days Of Repair: 3 Resurvey No. of Trip: 1

Date/Time, File Return to? 2) 12/1/22-typist

Add Fee: []: Site Insp (\$) []: Interview (\$) []: Tech. Insp (\$) []: Weekend (\$)

Table for Survey Fee: Transportation, Photos, Others, TOTAL

Report Format: Merimen Lump Sum / L.B.I: LS \$3900

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	05/07/2021 16:12 (SGT)
Date of Accident	03/07/2021 20:10 (SGT)
Exact Location of Accident	Loyang Link, Singapore
Additional Location Information	SHELL PETROL STATION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7390C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZHENG WEIXIANG
NRIC No	SXXXX396J
Email Address	zhengwx1023@gmail.com
Mobile Phone No	(Phone) +65-85710455
Alternative Phone No	+65-85710455

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
Variation	-
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	2000

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10416649R00
Cover Note Number	-

DRIVER

Name of Driver	ZHENG WEIXIANG
NRIC No	SXXXX396J

Date Of Birth	23/07/1978
Occupation	Indoor
Date Of Driving Pass	12/11/2013
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85710455
Alt. Phone Number	+65-85710455
Email Address	zhengwx1023@gmail.com
Address	9 SIMEI STREET 4 #07-03
Address complement	-
Postcode	529865
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	Side Swipe
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SUUKA
Gender	Female

PASSENGER 2

Name	ZHENG ZIMO
Gender	Male

PASSENGER 3

Name	ZHENG ZI YAN
Gender	Male

PASSENGER 4

Name	WYNN
Gender	Female

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

I WAS STATIONARY AT LOYANG LINK SHELL STATION AFTER PUMP PETROL ON 03/07/2021 AT 2010HRS. WHEN I WANT TO EXIT, I SAW VEHICLE B WAS TURNING LEFT. SO I STOPPED TO GIVE WAY TO VEHICLE B. SUDDENLY I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY FRONT. VEHICLE B COLLIDED ONTO FRONT RIGHT PORTION OF MY VEHICLE.

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	GN6288R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JEREMY ANAND KOH SHIJANG LE
NRIC No	SXXXX355C
Contact Number	(Phone) +65-84841793
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	2

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.
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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.

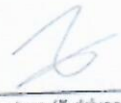
(collectively the "Purposes")

(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.



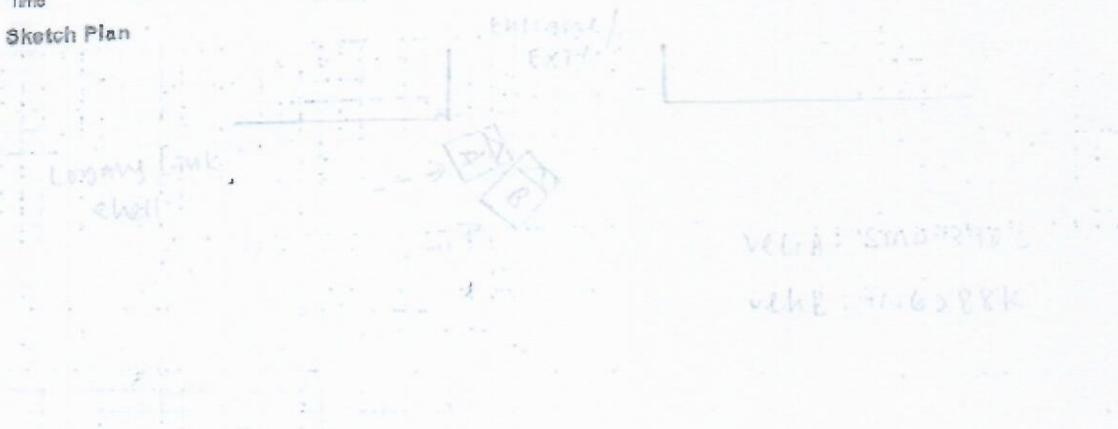
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


I was stationary at Loham Link Shell Station
after pumped petrol on 03.07.2021 @ 2010hrs.
when I want to exit. I saw vehicle B was turning
left so I stopped for give way to vehicle B.
Suddenly I heard a bang sound and felt an
impact from my front. Vehicle B was collided onto
front right portion of my vehicle.

Declaration

We 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

Witnessed by Reporting Centre Personnel