ASSIGNMENT

From:	Date:	Veh No:	SmD 7398	C- Yr Regn: 2018, Augus
Estimated Cost:	Date.	-		Lorry / Taxi / Prime Mover /
_	ES / OD RES / EVA / INV / MV		/ Trailer or	avily / taxii / timo mover
To Inspect Vehicle No	And a common to the set of the book and an an an analysis of the set of the s	Make:	Muzde	G c.c 1998
at Workshop m/s		Colour	Silves.	
of	,	Sp.Reading	36475	T/Radio: Insured / Std / NI / NA
Insured:		Eng/No:		
Policy No.		C/No:	JM6GL10	72k0303472
Claims No.		Gen. Cond: Q	fair / Poor / Bur	
Sum Insured:	Excess:	Steering: In	rder / Jammed / Leake	d/Burnt or
(Client's Record)		Brake: Ino	rder / Jammed / Leake	d/Burnt or
Make of Veh:		Modi: Nil	S/Rim / STD A/Rim	or
		Tyre Size:	F: 225/	35R17.
(Policy Condition)			R: 005/	STRIY.
Remark: The veh had	d commenced its N/S O/S	BS / DUN / E	XNOVA / GY / FS / LIZA	A / MIC / OHTSU / PIR / SUMI /
repair at th	e time of inspection.	TOYO / YOI	KO or	
Bal. or Market Value:		<u>Front</u>	,	Rear
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. 07/07/21.
Lum Sum:	% 3 Val.: Yes or No	'Survey held a	st ST	K.
CA / REV / REF	P. / 24 HRS	Des. of Dama		I N/S / U/C / Rooftop or
Date:	Vehicle: IN / OUT Person Contacted:	-	Front	
	tion / Instruction	The U/C	/ Chassis frame / Boo	dy Structure affected due to collision.
	P China.			Ardinit Dis 31-87 2012
	2014 (201		AU MENT SANS	
MV			is are designable	- 120200
PV				
Net	Т ;			
	Francis			
Date/Time, File Pass to?	: Preli. Report	Days Of Rep	oair:	
1)	- Immed	Resurvey No	o. of Trip:	Survey Fee:
Date/Time, File Return to?				Transportation:
2)	Add Fee		nsp (\$)3+RSSI
	à Services Pia tig.	to many	riew (\$) Fholos
Report Format :	10		Invs (8) Others
Lump Sum / I.B.I:	(6)	: Weel	end (\$	
				TOTAL

SS1Y2175000J / SME MOTOR PTE LTD ENTRY DATE & TIME: 05/07/2021 16:12 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (05/07/2021 16:12 (SGT))

SINGAPORE ACCIDENT STATEMENT

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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

05/07/2021 16:12 (SGT) 03/07/2021 20:10 (SGT) Loyang Link, Singapore SHELL PETROL STATION Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMD7390C

INSURED/POLICYHOLDER

Country/State of Loss

Is company?

Name Of Registered Owner

NRIC No

Email Address

Alternative Phone No

Mobile Phone No

No

ZHENG WEIXIANG

SXXXX396J

zhengwx1023@gmail.com

(Phone) +65-85710455

+65-85710455

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

Mazda

6

Private use

No - Claiming third party

Private car

Auto

2000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Auto & General Insurance (Singapore) Pte. Limited.

Comprehensive

No

P10416649R00

DRIVER

Name of Driver NRIC No

ZHENG WEIXIANG 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

Was anybody injured in the Accident?

No
Was any injured conveyed to hospital by ambulance?

Was any other vehicle 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 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?

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?
Was there any video captured by Car Camera?
Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

No

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)

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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possibly. 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
- 5. Any raise 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 consect 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)

l'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 (for n) 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) cl :
- (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;
- (a) 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 in 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, handing sind/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(c) involved in this accident and the insurers' law yere/law firms, may/are permitted to collect. use, disclose and/or process my Personal Information for one or more or 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 Singenore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is no' Jhe policyholder) / Date

& Time

Sketch Plan

Witnessed by Reporting Centre

l-	was stationary at longing link shell (tation	
after	pumped perior on 03.07.2021 8" 2010 WS.	
when	want to exit. I saw while is was two	NIN
1.12 (1)	I stopped for give way to believe B.	
141 30		
Cord down	y. Theand a bring sound and flit an	
MARIN		
inal art	from my front. Vehicle is was collided	0 .
Ames of	vight portion of my relieb.	
110001	, One	
-		

Declaration

www declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Cirk-er's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel