ASSIGNMENT

From:	Date:	Veh No: SMW799D, Yr Regn: 2017/ July	
Estimated Cost:		Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
OD/TP/WS/	TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehi	icle No:	Make: Mereby Berz G2C2SO c.c 1991	
at Workshop m/	/s	Colour Silves - A/C: Insured / Std / NI / NA	
of		Sp.Reading 54339, T/Radio: Insured / Std / NI / NA	
Insured:		Eng/No:	
Policy No.		C/No: WDC2533462F463891	
Claims No.		Gen. Cond Good / Fair / Poor / Burnt	
Sum Insured:	Excess:	Steering: norder / Jammed / Leaked / Burnt or	
(Client's Reco	ord)	Brake: morder / Jammed / Leaked / Burnt or	
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or	
		Tyre Size: F: 225/55 R/8 -	
(Policy Condit	tion)	R: 225/55218	
Remark: The ve	eh had commenced its N/S O/S	BS / DUN / EXNOVA /GY) FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair	r 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 See	cn: Consistent? : Yes or No	L/Bal. 46 mm L/Bal. 96 mm	
Est. Repairs:	days Res.: Yes or No	D.O.A. D.O.I. 16/08/21 ·	
Lum Sum:	% 3 Val.: Yes or No	Survey held at Hua Men.	
CA / REV /		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		
	TP Chiny		
	M./		
	MV:		
	Nett:	~	
	7,1611		
	o limital ca codora		
	[managed]		
Date/Time, File Pa	No.	Days Of Repair:	
		Resurvey No. of Trip: Survey Fee:	
Date/Time, File Return to? Add Fee		Transportation:	
2) /AFAER FIGG			
		: Interview (\$) Photos	
Report For	Designation of the Park of the	: Tech. Invs (3) Others	
Lump Sum	/ f.B.J: (\$)	:Westend (\$	

SS1Y218B0006 / SME MOTOR PTE LTD ENTRY DATE & TIME: 11/08/2021 12:34 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (11/08/2021 12:34 (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 11/08/2021 12:34 (SGT)
Date of Accident 10/08/2021 17:15 (SGT)

Exact Location of Accident 4 Jln Hajijah, Singapore 468699

Additional Location Information
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SMW799D

INSURED/POLICYHOLDER

Is company?

No
Name Of Registered Owner

NRIC No
S2221219B

Email Address
ajeetgv@gmail.com
Mobile Phone No
(Phone) +65-96399875

Alternative Phone No
+65-96399875

VEHICLE PARTICULARS

Manufacturer

Model Glc250

Variant
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 1991

INSURANCE COMPANY

DRIVER

Name of Driver

AJEET GOBINDRAM VASWANI

NRIC No S2221219B

Date Of Birth 06/04/1954 Occupation Indoor Date Of Driving Pass 19/03/1981

Driving experience 40 YEARS AND 5 MONTHS Gender Male

Mobile Number

(Phone) +65-96399875 Alt. Phone Number +65-96399875 **Email Address** ajeetgv@gmail.com Address

266 UPPER EAST COAST ROAD Address complement

Postcode 466412 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 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 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) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance?

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 PARKING ALONG IN FRONT OF NO.4 JALAN HAJIJAH (CHILD CARE) ON 10/08/2021 AT 1715HRS. I FIND A NOTE ON MY CAR WHICH LEAVE BY VEHICLE B DRIVER. HE STATED THAT HE ACCIDENTALLY COLLIDED ONTO REAR 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 CB7875A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category WOO WEI CHING Name of Driver (Phone) +65-93678816 Contact Number

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

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- 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.
- 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' 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;
- (ii) 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 & Driver's Signature (# driver is not the policyholder) / Date Witnessed by Reporting Centre Resonnel

Sketch Plan

A= CMW 79912

A= SMW 799D

Childre

B= CB 7875 A

Jalan

Hajijah

bescribe Circumstances of t	he Accident	
I was parking	along infront of No 4 Jalan Haj	ijah (Child Care) or
10.08 2021 @ 171	shours. I find a note on me	g car which leave
by vehicle B driv	er. He state that he acciden	tly collided onto
rear portion of m	ng vehicle.	
eclaration		
Ve declare the foregoing particular	s are true in every respect.	
1	2	
	DA - A Country (I street a rate parter) (Date	Witnessed by Reporting Centre
olicyholder's Signature / Date & me	Driver's Signature (If driver is not the policyholder) / Date & Time	Personnel