	F 17.3
1 1 1	. 15.1

ASSIGNMENT

From	Date:	de desta de mentra	Veh No:	SGR19191	Yr Regn: 2016/ NOV
Estimated Cost					_orry / Taxi / Prime Mover /
	TP RES / OD RES / EVA / INV / MV		Truck / 7	railer or	
To Inspect Veh			Make:	Mazda CX	3 0.0 1988
at Workshop m	#	NE BAC	Colour	Bronze.	
of		101111	Sp.Reading	114090	T/Radio: Insured / Std / NI / NA
Insured:			Eng/No:		
Policy No.		D. SENT STREET	C/No:	JM6DK2V	V7AH 0127524
Claims No.			Gen. Cond. God	od) Fair / Poor / Burr	
Sum Insured:	Excess:		Steering: Inord	er / Jammed / Leaked	I/Burnt or
(Client's Reco	ord)		Brake: Inord	er / Jammed / Leaked	I/Burnt or
Make of Veh:			Modi: Nil S	/Rim / STD A/Rim	or
			Tyre Size:	F: 2(5/	50N8.
(Policy Condi	tion)			R: 215/	50 RIB -
Remark: The v	eh had commenced its	N/S O/S	BS / DUN / EXM	NOVA / GY / FS / LIZA	A / MIC / OHTSU / PIR / SUMI /
repai	r at the time of inspection.		TOYOTYOKO	or	50304
Bal. or Market	√alue:		Front		Rear
IDAC Accident	Rport: Consistent?: Yes	or No	R/Bal.	mm	R/Bal. Ob mm
GIA / PR See	cn: Consistent? : Yes	or No	L/Bal.	mm	L/Bal. 96 mm
Est. Repairs:	days Res.: Yes	or No	D.O.A.		D.O.I. 3108/21
Lum Sum:	% 3 Val.: Yes	or No	'Survey held at	C '1	V.
CA / REV			Des. of Damage	es: Frt / Rear / O/S	/ N/S / U/C / Rooftop or
Date: Person Contacted: Vehicle: IN / OUT			The U/C /	Chassis frame / Boo	dy Structure affected due to collision.
Date / Time	Action / Instruction				
	17 Confae.				DEPOS A
			5 no 803		1. 199300 A
	MV :		leave who		1821 W
	PY:		1-4-114		
	Nett:		¥		12 2020 5
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			<u> 14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </u>		the organia
Date/Time, File Pa	ss to? : Preli. Report		Days Of Repa	ir:	
1)	: Final Report		Resurvey No.	of Trip:	Survey Fee:
Date/Time, File Return to?				Transportation:	
2) Add Fee)S+RS,SI	
			: Intervie) Photos
Report For			: Tech.) Others
Lump Sum / LBJ: (\$: Weel'e	end (\$	



SV02218U0001 / VAG Singapore Pte Ltd ENTRY DATE & TIME: 30/08/2021 12:45 (SGT) SUBMITTED BY: Eric Ng VERSION: 1 (30/08/2021 12:45 (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

30/08/2021 12:45 (SGT) 28/08/2021 16:50 (SGT)

Singapore

YIO CHU KANG ROAD TOWARDS UPPER SERANGOON ROAD

BEFORE ANG MO KIO AVE 3

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGR1919R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

NG HOCK SIONG

S7029638A

SEANNG70@YAHOO.COM.SG

(Phone) +65-84682392

+65-84682392

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

Cx-3

Private use

No - Claiming third party

Private car

Auto

1998

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy Policy Number

Cover Note Number

Direct Asia Insurance (Singapore) Pte Ltd

Comprehensive

No

MT/00722396/01

DRIVER

Name of Driver

NG HOCK SIONG

NRIC No S7029638A Date Of Birth 29/08/1970 Occupation Outdoor Date Of Driving Pass 11/04/2000 Driving experience 21 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-84682392 Alt. Phone Number +65-84682392 **Email Address** SEANNG70@YAHOO.COM.SG Address BLK 3 BISHAN ST 15 #17-15 Address complement Postcode 573911 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

Was anybody injured in the Accident?

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

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

PLEASE REFER TO THE STATEMENT

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

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

SKX2805A

SKX2805A

SKX2805A

SKX2805A

SKX2805A

SKX2805A

SKX2805A

SKX2805A

SKX2805A

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)

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' 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")

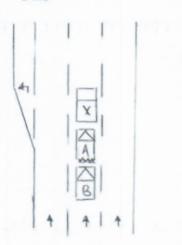
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SGR 1919R B: SKX 2805A Y10 Chu Kang Road Towards Upper Serangoon Road before Ang Mo Cio

	ICES OF THE ACCIDENT	
was stopped with statio	nary position at Yio Chu Kang Ro	oad towards Upper Serangoon Road
	3 at 2 nd lanes of 4 lanes as the tra	
order mig mid rate of		ino iigini rido roo.
uddenly. I felt an imnac	t. Veh b collided onto the rear po	rtion of my vehicle and caused
amages.	t. Voli b conided onto the real po	Thorror my verticle and caused
inages.		
eh "B" admitted his fau	alt and apologized and got me to	claim against his insurance policy.
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ECLARATION		
We declare the foregoing particulars	are true in every respect.	
0		
94	90	
41	()	
Policyholder's Signature	Oriver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.: