CS/III21010082/Atf3

| ASS, KEG, DT. | | ASSIGNM | IENT | | | | |
|---|----------------------------------|----------|---|--|--|--|--|
| From | Date: | Veh t | 10: SJR9933K. Yr Regn: 2016 July. | | | | |
| Estimated Cost: | | Type | Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / | | | | |
| | TP RES / OD RES / EVA / INV / MV | | Truck / Trailer or | | | | |
| | | | : Mazdu 3. c.c 1496 | | | | |
| 10 Hispect Verlicle No. | | | r Red . A/C: Insured / Std / NI / NA | | | | |
| at workshop his | | | eading 44750 T/Radio: Insured / Std / NI / NA | | | | |
| of | | Eng/l | | | | | |
| ilisured. | | | 7-12012006000012121 | | | | |
| Policy No. | | | Gen. Cond. Goody Fair / Poor / Burnt | | | | |
| Claims No. | | | Steering: Inorder / Jammed / Leaked / Burnt or | | | | |
| Sum insured: | | | Brake: Inorder / Jammed / Leaked / Burnt or | | | | |
| (Client's Record) | | | Modi: Nil S/Rim / STD A/Rim or | | | | |
| Make of Veh: | | | 201/108/1 | | | | |
| | | | Tyre Size: F: 205/608/6 | | | | |
| (Policy Condition) N/S O/S | | | BS / DUN / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI / | | | | |
| Remark: The veh had commenced its repair at the time of inspection. | | | TOYO/YOKO or | | | | |
| repai | rat the time of inspection. | | | | | | |
| Bal. or Market Value: | | | al Sh mm R/Bal. A mm | | | | |
| IDAC Accident Rport: Consistent? : Yes or No | | | | | | | |
| GIA / PR See | | D.C | 301 30/00/21 | | | | |
| Est. Repairs: | days Res.: Yes or No | | N. 102 -666 11 1 | | | | |
| Lum Sum: | % 3 Val.: Yes or No | | vey field at | | | | |
| CA / REV | | | s. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or | | | | |
| Date | Vehicle Person Contacted: | : IN/OUT | The U/C / Chassis frame / Body Structure affected due to collision. | | | | |
| Date: | Action / Instruction | | The old / Gladel Hame / Deal, | | | | |
| Date / Time | ACTION / INSTRUCTION | | , | | | | |
| - | | , | | | | | |
| | LUMP SUI | M 4150, | 4DAYS | | | | |
| mv : | | | | | | | |
| | PV: RED 9720 | 0.8;70% | | | | | |
| esc as to do: | Nett: | | | | | | |
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| | | | 015050000000000000000000000000000000000 | | | | |
| Date/Time, File F | Pass to? : Preli. Report | Day | s Of Repair: 4 | | | | |
| | | | survey No. of Trip: Survey Fee: | | | | |
| | | | Transportation: | | | | |
| Add Fee | | | : Site Insp (\$)s+Rs,si | | | | |
| 2) | | | : Interview (\$) Photos | | | | |
| Report Fo | emst · | | : Tech. Invs (3) Others | | | | |
| Rebott to | THE A | | Markend (S | | | | |



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Authorised Driver Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies policy liability.
- 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

27/09/2021 14:57 (SGT) 25/09/2021 13:53 (SGT)

Singapore

AUTOBAY #01-32

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJR9933K

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No.

No

LAM CHUEY FONG

S1646588G

LYNNLAM3000@GMAIL.COM

(Phone) +65-96203290

+65-96203290

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

Mazda

3

No - Claiming third party

Private car

Auto

1600

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

FRGO Insurance Pte. Ltd.

Comprehensive

DMPG21000821

Name of Driver NRIC No

LAM CHUEY FONG S1646588G



Date Of Birth 23/12/1964 Occupation Indoor Date Of Driving Pass 27/12/1991 Driving experience 29 YEARS AND 9 MONTHS Gender Female Mobile Number (Phone) +65-96203290 Alt. Phone Number +65-96203290 Email Address LYNNLAM3000@GMAIL.COM Address 134 ST PATRICK'S ROAD #03-16 Address complement Postcode 424213 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 Collided into Parked Vehicle Weather Conditions Road Surface Dry Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 1 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) 0 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?

Yes YAS

FILE TOO BIG

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMN763D Vehicle Manufacturer Vehicle Variant Vehicle Category Private car Name of Driver Contact Number

Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

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Date & Comment of the comment of the



A: SJR9933K
B: SMN763D

A: SJR9933K

B: SMN763D

WORKSHOP

| My car was | parked | it Huto be | y 401-30 | vehicle. | 5MN763 |
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