AS	SIGNMENT	
From: Date:	Veh No: 5LZ2064Z Yr Regn: 3018 /A	من
Estimated Cost:	Type: M.Car/ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	
DD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
o Inspect Vehicle No:	Make: Infinity (25) c.c 198	1
t Workshop m/s	Colour Grey A/C: Insured / Std / NI	
(Sp.Reading 65064 T/Radio: Insured / Std / NI	
sured:	Eng/No:	, , ,,
olicy No.	C/No: JXIBCAV 3720 57 0041	
laims No.	Gen. Cond. Good / Fair / Poor / Burnt	•
um Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or	
ake of Veh:	Modi : Nil (S/Rim / STD A/Rim or	
	Tyre Size: F: 2 45/40 R19	
(Policy Condition)	R: $\frac{245/40R19}{R}$	
emark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO/YOKO or Falker	
al. or Market Value:	Front Rear	
OAC Accident Rport: Consistent? : Yes or No	R/Bal. Mm R/Bal. 96	mn
IA / PR Seen: Consistent?: Yes or No	L/Bal. Ob mm L/Bal.	mn
st. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 19/01/22	- "
um Sum: % 3 Val.: Yes or No	Survey held at Best Solution.	-
	Des. of Damages / Frt / Rear / O/S / N/S / U/C / Rooftop or	-
A / REV / REP. / 24 HRS Vehicle: IN / OU'		
ate:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to col	llisio
Date / Time Action / Instruction		
TI AXA Feeding Estim	te	
0		
MV: 881C.		
PV: 53.8K		
Nett: 34.21C.	•	
		<u>Alamana</u>
te/Time File Pere is?		
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: Final Report	Resurvey No. of Trip: Survey Fee:	
to/Time File Return to?	Transportation:	
Add Fe	@: : Site Insp (\$)s+Pssi	
ate/Time, File Return to? Add Fe		

SP0U221H0002 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 17/01/2022 10:52 (SGT) SUBMITTED BY: Lily Lim Buay Hiang VERSION: 1 (18/01/2022 15:08 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

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

17/01/2022 10:52 (SGT) 16/01/2022 09:30 (SGT) AYE, Singapore TOWARDS CITY Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLZ2064Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No SHI YAN S8082261H SHERRYSHI25@HOTMAIL.COM (Phone) +65-91905256 +65-91905256

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission CC

Infiniti Q50

Private use

2000

No - Claiming third party Private car Auto

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AXA Insurance Pte Ltd Comprehensive No GA596616

DRIVER

Name of Driver NRIC No

KONDO TOSHIKAZU S7461283J

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles? 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 Weather Conditions Road Surface

Chain Collision Clear Dry

20/10/1974

11/07/2006

15 YEARS AND 6 MONTHS

SHERRYSHI25@HOTMAIL.COM

BLK 766 JURONG WEST ST 74 #09-38

(Phone) +65-81027502

Indoor

640766

Spouse

No

No

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 4 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name KONDO YUTO Gender Male PASSENGER 2 Name SHI YAN Gender Female

PASSENGER 3

Name KONDO RUNA 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

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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 SMC1900B Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM9018E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number 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,
- 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 Formby 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:
- (i) 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/lew 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 & Time

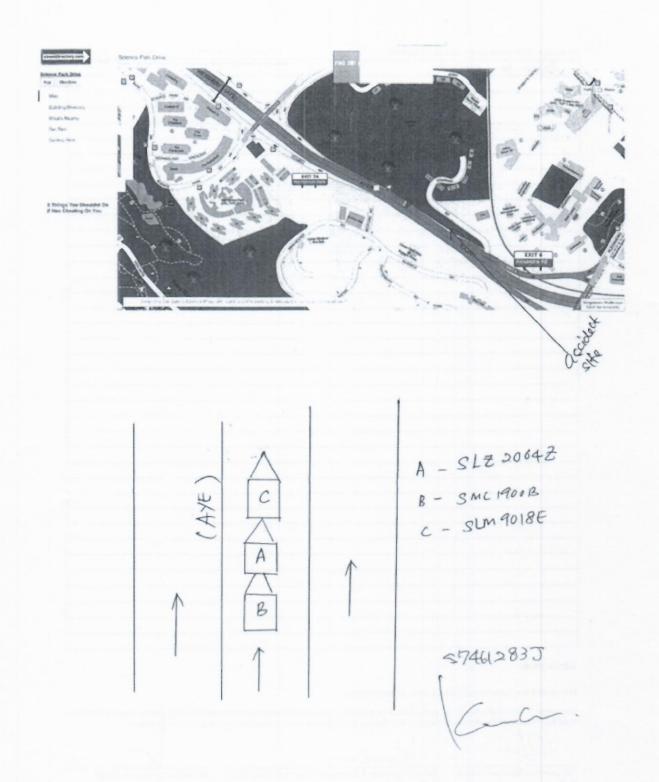
Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan

Describe Circumstances of the Accident

Declaration	
We declare the foregoing particular	s are true in every respect.
If you wish to daim against your own	n policy, please be advised that your insurer may have a fourteen (14) days clause whereby the clain imaframe from the day of occurrence. Kindly check with your insurer for more details.
must be made within the sapulated t	interiarile from the day of occurrence, kindly check with your insurer for those details.
Ω	
yu	Centre.
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre
Time	& Time Personnel



Accident Statement

On 16th Jan 2022 at about 0930 Hrs, my vehicle (SLZ2064Z) was travelling along AYE towards City. The vehicles in front of me.stopped and I followed suit. I managed to stop my vehicle in order to avoid the collision with the vehicle in front of me. Suddenly and without warning, a vehicle (SMC1900B) hit onto the rear of my vehicle. The strong impact has caused my vehicle surge forward and hit onto the vehicle in front of me (SLM9018E).

I am making a claim against third party.

Driver's Name: Kondo Toshikazu

I/C: S7461283J

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	261H
Vehicle Details	
Vehicle No.:	SLZ2064Z
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Jan 2022
Vehicle Make:	INFINITI
Vehicle Model:	Q50 2.0T SENSORY A/T (R18) EU6 NAV
Primary Colour:	Grey
Manufacturing Year:	2017
Engine No.:	274AE086430A
Chassis No.:	JN1BCAV37Z0570041
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	\$33,815.00
Original Registration Date:	25 Apr 2018
First Registration Date:	25 Apr 2018
Transfer Count:	1
Actual ARF Paid: Intended PARF Rebate Details	\$39,341.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Apr 2028
PARF Rebate Amount: Intended COE Rebate Details	\$29,505.00
COE Expiry Date:	24 Apr 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$38,801.00
COE Rebate Amount:	\$24,250.00
Total Rebate Amount:	\$53,755.00

The information containe 1 herein is correct as at 24 Jan 2022

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Advertiser Login

Anv

2018

Available

Infiniti Q50 2.0A T Luxe

\$95,800

\$11,990 /yr

31-Jul-2018

1.991 cc

Any

58,000 km

Luxury

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1 Owner, Fully Agent Serviced With Records, Accident-Free, Nice Paint Exterior And Interior Of Vehicle Like New! Seldom Use, Well Maintained By Ex Careful Owner, Under Carriage And Auto Gear Is In Good State. Call Our Sales Person If More Information Needed.

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\$11,220 /yr

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\$12,010 /yr

28-Sep-2018

1,991 cc

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