

Ass. Pled. By:

REP:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLP294S Yr Regn: 2017, May.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda 3 c.c. 1496

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 267140 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BN22A8H0151225

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Devanti

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 09/06/22

Survey held at N51

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>TP Budget Direct.</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS SI

Photos

Others

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Invs (\$

Report Format: _____

Form 2000 / 1 P 1 (C)

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 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. 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	07/06/2022 18:06 (SGT)
Date of Accident	04/06/2022 18:30 (SGT)
Exact Location of Accident	Near 4026 Ang Mo Kio Industrial Park 1, Singapore 569637
Additional Location Information	CTE Towards AYE Before Ang Mo Kio Ave 1 Exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP294S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SJ Leasing Pte Ltd
Company Reg No	201825171E
Email Address	lowhweeteck@gmail.com
Mobile Phone No	(Phone) +65-85255530
Alternative Phone No	(Office) +65-85255530

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	SEDAN 1.5 AT EU6
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	SP2000589233
Cover Note Number	-

DRIVER

Name of Driver	Khew Kok Foo
NRIC No	S2768030E

Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver Yash Pal Singh
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 2

PASSENGER 1

Name Unknown
 Gender Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Khew Kok Foo
 Gender Male
 Phone No (Phone) +65-86612668
 Address Blk 487 Admiralty Link #03-137
 Address Complement Singapore
 Post Code 750487
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLP294S
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person Jenny Lim
 Gender Female
 Phone No (Phone) +65-96993667
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLP294S
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person Liew Mui Kiah
 Gender Female
 Phone No (Phone) +65-96993667
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLP294S
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

On 04/06/2022 at @ 1830 hrs, I was travelling in my vehicle (SLP 294 S) along CTE towards AYE before Ang Mo Kio Ave I exit on the extreme right lane. The vehicle in front of me collided onto a car ahead. I applied my brake and stopped a distance away. Suddenly, a car (SIL 7972S) from behind collided onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel