

ASS. Fco. BY:

REF: CS/EGI22007339/Avy3

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 YP 9197B

Policy No. \_\_\_\_\_

Claims No. CDMCG22001536

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 Rport: \_\_\_\_\_ 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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: GBE20899 Yr Regn: 2015, Sept.

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

Truck / Trailer or \_\_\_\_\_

Make: Nissan NV200 c.c. 1461

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

Sp. Reading: 211011 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VSKYBAM2020107049

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 175R14C

R: 175R14C

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

TOYO / YOKO or \_\_\_\_\_

Front

Rear

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

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

D.O.A. 29/7/2022 D.O.I. 10/08/22

Survey held at SM

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 Ego</u>
<u>20/9/22</u>	<u>Adrian informed LS \$5200 (Red 9491.51, 64%)</u>
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to?  : Prel. Report

1)  : Final Report

Date/Time, File Return to?

2) 23/9/22-typist

Report Formist: Merimen

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech. Insp (\$ \_\_\_\_\_)

Survey Fee:

Transportation: \_\_\_\_\_

Photos

Others

Ergo - LKK  
- Adrian.

SS2X2281000U / SME MOTOR PTE LTD  
ENTRY DATE & TIME: 01/08/2022 17:21 (SGT)  
SUBMITTED BY: Chia Pei Ying  
VERSION: 1 (01/08/2022 17:21 (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 Actual 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 ..... 01/08/2022 17:21 (SGT)  
 Reported by ..... Driver  
 Date of Accident ..... 29/07/2022 17:30 (SGT)  
 Exact Location of Accident ..... Newton Flyover, Singapore  
 Additional Location Information ..... TWDS CITY  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE2089G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
 Name Of Registered Owner ..... AMG+ SERVICES PTE LTD  
 Company Reg No ..... 201717134W  
 Email Address ..... sayf@a-m-g.co  
 Mobile Phone No ..... (Phone) +65-91687302  
 Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
 Model ..... Nv200  
 Variant ..... -  
 Exact purpose for which vehicle was being used at time of accident ..... Employment  
 Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
 Vehicle Category ..... Commercial vehicle  
 Transmission ..... Manual  
 CC ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
 Policy Number / Cover Note Number ..... GA557437

### DRIVER

Name of Driver ..... SAYF ZAMIR BIN MOHAMED  
 NRIC No ..... S9148037I  
 Date Of Birth ..... 30/12/1991  
 Occupation ..... Indoor

Date Of Driving Pass	27/03/2012
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91687302
Alt. Phone Number	-
Email Address	sayf@a-m-g.co
Address	BLK 468A FERVALE LINK 05-539
Address complement	-
Postcode	791468
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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 TRAVELLING ALONG NEWTON FLYOVER ON THE LEFT LANE OF 2 LANES. WHEN I CAME TO A STOP BEHIND VEHICLE DUE TO TRAFFIC RED LIGHT AHEAD. WHILE WAITING TO MOVE OFF, ONE M/LORRY (YP9197B) CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY STATIONARY STOP VEHICLE.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP9197B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver .....	-
Contact Number .....	(Phone) +65-83464085
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	SAYF ZAMIR BIN MOHAMED
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBE2089G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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' 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;
- (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' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

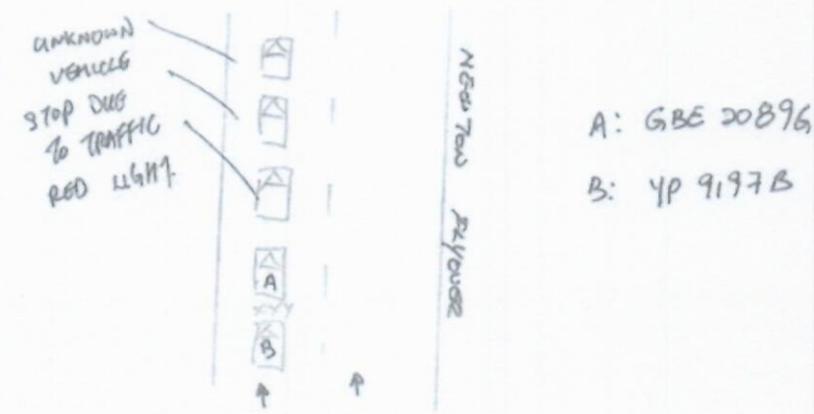
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 AMG Services Pte Ltd  
 GEN. 2017-0148  
 \_\_\_\_\_  
 Policyholder's Signature / Date & Time

  
 \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date & Time

\_\_\_\_\_  
 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS TRAVELLING ALONG NEWTON FLYOVER ON THE LEFT LANE OF 2 LANE, WHEN I CAME TO A STOP BEHIND VEHICLES DUE TO TRAFFIC RED LIGHT AHEAD. WHILE WAITING TO MOVE OFF ONE MILORRY YP 917B CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF <sup>STATIONARILY</sup> STOP VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel