AS	SIGNMENT
From: Date:	Veh No: 56w 9829M Yr Regn: 2017, July
Estimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Mit Lances c.c 1590
at Workshop m/s	Colour Red - A/C: Insured / Std / NI / NA
of	Sp.Reading 233658 T/Radio: Insured / Std / NI / NA
nsured:	Eng/No:
Policy No.	C/No: JMYSRCY 1A G 4:00 68,69
Clains No.	Gen. Cond. Good/ Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /S/Rim / STD A/Rim or
E Se State Commencer Comme	Tyre Size: F: 205/55 R16
(Policy Condition)	R: 205/55R16
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYO/YOKO or
Bal. or Market Value:	Front Rear
DAC Accident Rport: Consistent?: Yes or No	R/Bal. & mm R/Bal. Ob mn
GIA / PR Seen: Consistent? : Yes or No	L/Bal. Ob mm L/Bal. Ob mn
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 26/10/22
% 3 Val.: Yes or No	Survey held at Twin Cas
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	Front ofs,
Date:Person Contacted:	The U/C / Chassis frame / Body/Structure affected due to collision
Date / Time Action / Instruction	
LT China.	
mv:	
PV:	
Nett:	
ate/Time, File Pass to? : Preli. Report	Days Of Repair:
: Final Report	Resurvey No. of Trip: Survey Fee:
ate/Time, File Return to?	Transportation:
Add Fe	ee: :Site insp (\$)_2+Rs_si
	: Interview (\$
Peport Forage :	(: Fecs, Inve (3) Others

EHICLE NO: SGW 9829 M	MAKE & MODEL MITSUBISH: Lancer (AUTO) MANUAL
ATE OF ACCIDENT	24 / 10 / 2022 CC: 1.6
ME OF ACCIDENT:	0636 HRS
OCATION OF ACCIDENT:	Geylang Serai Market BIK 2 multi Story Carpark Level 2
XACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE
AME OF OWNER:	Zardi Bm Uttu
EL NO:	H/P: 9671 9287 OFFICE: HOME:
IRIC:	S7036261I
ADDRESS:	Ap+ BIK 863 Woodlands Street 83 #02-190 5730863
MAIL:	ZAIDI. UTTU @gmail - com
CLAIM TYPE:	OD / (THIRD PARTY) / REPORTING ONLY
FLEET POLICY:	YES /NO?
	AIG
NSURANCE COMPANY:	Comprehensive / Third Party / Third Party Fire & Theft
TYPE OF COVERAGE:	1700028304-05
POLICY NO:	
NAME OF DRIVER:	AS ABOVE / IF NO: UHT Bin Ab Rahman
NRIC:	S0983722A ANY PASSENGER: NIA
DATE OF BIRTH:	14 / 11 / 1946 LICENCE PASSED DATE: 28 / 06 / 1979
OCCUPATION:	OUTDOOR / (NDOOR)
GENDER:	MALB / FEMALE
CONTACT NO:	H/P: 9428886 OFFICE: HOME:
ADDRESS:	Apt BIK 539 Woodlands Drive 16 #63-117 8730539
EMAIL:	
DOES DRIVER OWNED ANY VEHICLE:	NO IF YES, REG NO: INSURER:
RELATIONSHIP:	Son
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:
ROAD SURFACE:	DRY / WET / OTHER:
ANY INJURIES:	NO / IF(YES) WHO?
NAME & CONTACT:	Uttu Bin Ab Rahman (94288886)
	OTTO BUT TO Kamman (TTO 5000)
NAME & CONTACT:	NO/ IF YES, WHERE?
POLICE REPORT:	/ IF YES, WHO?
NOTICE OF INTENDED PROSECUTION GIVEN?	
VEHICLE B REG NO:	0: 0:150
NAME OF DRIVER:	Muthalib contact NO: 96396458 ANY PASSENGERS:
VEHICLE C REG NO:	
VEHICLE D REG NO:	ANY PASSENGERS:
VEHICLE E REG NO:	ANY PASSENGERS:
VEHICLE F REG NO:	ANY PASSENGERS:
VEHICLE G REG NO:	ANY PASSENGERS:
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE?	(ES) / NO
WAS THERE ANY AUDIO RECORDED?	YES / (10)
ACCIDENT SCENE PHOTOS TAKEN?	YES. \ (NO)
ACCIDENT PORTION:	Front right portron ng (s) / offering accident claims assistance? YES / NO
Have you been approach by unknown person soliciti	
WORKSHOP PARTICULAR:	Twrncar Automotive Pte Ltd 68420051 / 67440510
CONTACT DEDCOM	8420051 / 67440310 84eve
CONTACT PERSON:	67410510
FAX NO:	sales@n51.com.sg

SKETCH PLAN

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.

- 6. This report will be forwarded by the insurers to 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.
- 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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Sketch Plan

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Describe Circumstance of the Accident As at the add and the Accident As at the add and the add the a
As of above date and time, I was drowing my vehicle
(SGW 9829 M) along Geylang Sers: Market BIK 2 on
level 2A, vehicle B (SKX 4253D) was ahead of me and
when vehicle B ascended into level 2 B, halfway through
vehicle B reversed down the Slope and collided into
my vehicle front right portvon.
Video footage attached

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Dale & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)