			2 14+	 -	TEP!
ASS.	SEC.	BY:			

Charles a supplied to		ASSIGNMENT
From:	Date:	Veh No: SLS5939S. Yr Regn: 2017 , Sept.
Estimated Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / O	D RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:		Make: Mazda 3. c.c 1486.
at Workshop m/s		Colour Bronze A/C: Insured / Std / NI / NA
of		Sp.Reading 41248 T/Radio: Insured / Std / NI / NA
insured:		Eng/No:
Policy No.	(ear in Falsarian in	C/No: JM68ND2A8JO1-76127
Claims No.		Gen. Cond: Good) Fair / Poor / Burnt
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	in a leasure	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Modi: Nil / S/Rim / STD A/Rim or
		Tyre Size: F: 205/60 R/6-
(Policy Condition)		R: 205/608/6
Remark: The veh had com	menced its	N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time	of inspection.	(TOYO/YOKO OF
Bal. or Market Value:		Front Rear
IDAC Accident Rport:	Consistent?: Yes or N	No R/Bal. 06 mm R/Bal. 06 mm
GIA / PR Seen:	Consistent?: Yes or N	No L/Bal. 06 mm L/Bal. 26 mm
Est. Repairs:	days Res.: Yes or !	No D.O.A. D.O.I. 08/11/22
Lum Sum:	% 3 Val.: Yes or M	No Survey held at Leany.
CA / REV / REP. /	24 HRS	Des. of Damages : Frt / Rear / O/S / U/C / Rooftop or nicle: IN / OUT
Date:Pers	son Contacted:	The U/C / Chassis frame / Body Structure affected due to collisio
Date / Time Action / I	Instruction	
TP	M816.	
mv :		
PV:	Sec. 17.12.1.20	
Nett:		
4 1		
The second		ALL DE LES CONTRACTOR DE LA CONTRACTOR D
Date/Time, File Pass to? : Preli. Report		Days Of Repair:
1)	: Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?		Transportation:
2)		Add Fee: : Site Insp (\$)s+Rssi
		: Interview (\$) Photos
Report Former:		: Teen, Inve (3

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SP1822B7000A / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 07/11/2022 12:38 (SGT) SUBMITTED BY: Liang Siew Chin VERSION: 1 (07/11/2022 12:38 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

07/11/2022 12:38 (SGT) Both 05/11/2022 11:25 (SGT) Jalan Bukit Merah, Singapore JALAN BUKIT MERAH SINGAPORE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLS5939S

INSURED/POLICYHOLDER

is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No No

GOH CHIN ENG S1445169B CGOH1@FEDEX.COM (Phone) +65-96229923

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

CC

Mazda

MAZDA / MAZDA3 SEDAN 1.5 AT LED EU6

Private use

No - Claiming third party

Private car Auto

1496

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Direct Asia Insurance (Singapore) Pte Ltd MT/00531851/04

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

GOH CHIN ENG S1445169B 06/05/1960 Indoor



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

Side Swipe Clear Dry

20/03/1981

Male

310116

Yes

No

41 YEARS AND 8 MONTHS

(Phone) +65-96229923

CGOH1@FEDEX.COM

APT BLK 116 LORONG 2 TOA PAYOH #07-158

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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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

PASSENGER 1

Name PAX 1 Gender Male

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 ANNIE - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Yes Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

FBT9673U

Vehicle Model	97
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	SND9320E
Vehicle Manufacturer	-
Vehicle Model	2
Vehicle Variant	2
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
- This Form must be completed by the Policyholder and/or the Actual Driver.
- information provided must be as <u>Instituted and accurate as possible</u>. Any willus inscrepresentation or withholding of material facts may allow insurance componies to appoint policy liability.
- 4. The issue and occuplance 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

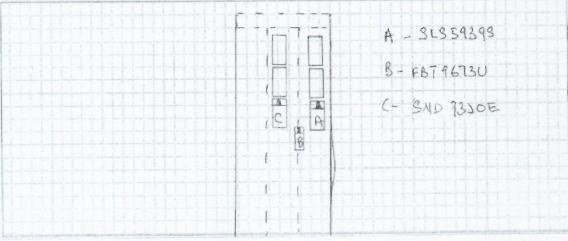
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") mayfare permitted to collect, use, disclose another process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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, involces, 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 trisurers' 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 Signatule / Date & Timp

-67

Ower's Signature (if defer is not the policyholder) i Date \$ Time: Weressel-by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



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Declaration	
The motor bike onso collided with another vehicle on the middle	f
The motor bike onso collided with another vehicle on the middle	
Declaration	
Declaration	lane
Declaration	
Declaration	-
Declaration	-
Declaration	
Declaration	-
Declaration	
Declaration I/We declare the foregoing particulars are true in every respect.	
rive deciare the foregoing particulars are true in every respect.	
FOR THE	
10 / W	