ASS, REC. BY:		
ASS	IGNMENT	
From: Date:	Veh No: SLR7896. Yr Regn: 2017, August	
Estimated Cost:	Type M.Ca / 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: Mazda 6 c.c 1998	
at Workshop m/s	Colour Bronze A/C: Insured / Std / NI / NA	
of	Sp.Reading 63(03 T/Radio: Insured / Std / NI / NA	
Insured:	Eng/No:	
Policy No.	C/No: JM6GL1071H0117622	
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: Inerder / Jammed / Leaked / Burnt or	
Make of Veh:	Modi : Nil S/Rim / STD A/Rim or	
	Tyre Size: F: 215/55R17	
(Policy Condition)	R: 215/55RIT.	
Remark: The veh had commenced its N/S O/S	BS / DÜN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO/YOKO OF Rapid.	
Bal. or Market Value:	Front Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 06 mm	
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm	
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 29/11/22 ·	
Lum Sum: % 3 Val.: Yes or No	Survey held at Sm-	
CA / REV / REP. / 24 HRS	Des. of Damages Frt Rear 7 O/S / N/S / U/C / Rooftop or	
Vehicle: IN / OUT Date: Person Contacted:		
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.	
TP Sempo.		
mv: 80K		
PV: 36.61C		
Nett: 43.41C	•	
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 Fe	e;: Site Insp (\$)s+Rssi	
Right of Fourier	: Interview (\$) Photos	

9 ----- Commo 8 8 850 F. 700

SS2X22BS000P / SME MOTOR PTE LTD ENTRY DATE & TIME: 28/11/2022 17:59 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (28/11/2022 17:59 (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 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 28/11/2022 17:59 (SGT)
Both
27/11/2022 14:40 (SGT)
CTE, Singapore
TWDS CITY AFTER ANG MO KIO AVE 1 EXIT
Singapore

Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLR7189G

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner
Company Reg No
Email Address
Mobile Phone No
Alternative Phone No

Yes BIZLINK RENT-A-CAR PTE LTD 200402911Z OPERATIONS@BIZLINKGROUP.COM.SG (Phone) +65-90126616

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 Private hire

Mazda

6

No - Claiming third party Private car

Auto 1998

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 0999993557-01/122000437

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

WONG WEI QUAN S8911255I 03/04/1989 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

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING STRAIGHT ALONG CTE TOWARDS CITY AFTER ANG MO KIO AVE 1 EXIT AT 4TH LANE OF 6 LANE. THE TRAFFIC AT THAT POINT OF TIME WAS HEAVY. VEHICLES IN FRONT OF ME SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. SUDDENLY, I FELT A HUGE IMPACT. VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AND CUASED MY VEICLE TO SURGE FORWARD AND COLLIDED ONTO VEHICLE C. I ALIGHTED AND REALISED THAT THERE WERE A TOTAL OF 4 VEHICLES INVOLVED. AFTER THE ACCIDENT, I FELT DISCOMFORT AND WENT STRAIGHT TO SENGKANG GENERAL HOSPITAL TO SEEK MEDICAL ATTENTION TREATMENT TO GET THE MEDICINE.

21/12/2017

541312

Chain Collision

Clear

Dry

No

Yes

No

Yes

1

No

No

No

2

No

No

Hirer

4 YEARS AND 11 MONTHS

OPERATIONS@BIZLINKGROUP.COM.SG

BLK 312A ANCHORVALE LANE #11-52

(Phone) +65-97537467

ATTACHMENT(S)

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

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

SJX3368A

Accident report SS2X22BS000P

Page 2 of 16

DETAILS OF OTHER VEHICLE PROPERTY 2

SLX6673A Vehicle Registration Number 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 VEHICLE C No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SCN56E 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 VEHICLE D No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person WONG WEI QUAN Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SLR7189G Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Pease 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
- 3. Information provided must be as truthful and accurate as possible. Any wilful insrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and addeptance 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 forw arded 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.
- By the ladgement 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)

Lunderstand, acknowledge, agree and consent that

(a) My insurer my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use id sclose 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.

- (ii) investigating the accident and/or my claims
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me
- (v) 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 wiell 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/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 law yers law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &

Over's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A.SLR7189G

B. SJX3368 A

C. CLX667EA

D. SCXLD6E

CTE TOUXNOLS

CITY after Ang Mo

DESCRIBE CIRCUMSTANCE I was driving straight along C	S OF THE ACCIDENT LE towards CHY after Ang Mc Kic	Ave.1 exit at 4th lane of 6 lanes.
The traffic at that point of time	e was heavy, vehicles in front of me	slowed down and stopped.
I follow suit.		
Suddenly, I felt a huge impact		
Vehicle B collided into the rea	ar portion of my vehicle and caused	my vehicle to surge forward and
collided into vehicle C rear po	ortion.	
I alighted and realised there w	vere a total of 4 vehicles involved.	
After the accident, I felt disco	mfort and went to Sengkang Genera	al Hospital to seek medical
treatment and get the medicin	c.	
	* .	
	9	
DECLARATION I/We declare the Joregoing particulars are	e true in every respect.	
3 - Kand	h Q	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time:

Name: NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Company	
911Z	
SLR7189G	
No	
28 Nov 2022	
MAZDA	
MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT	
Grey	
2017	
PE20889425	
JM6GL1071H0117622	
121.0 kW (162 bhp)	
\$20,059.00	
25 Aug 2017	
25 Aug 2017	
0	
\$20,083.00	
Yes	
24 Aug 2027	
\$14,058.00	
24 Aug 2027	
E - Open - all except motorcycle	
10	
\$48,001.00	
\$22,511.00	
\$36,569.00	

The information contained herein is correct as at 28 Nov 2022

OK

