ASS. REC. BY: Kenneth

REF: CTZ / 23 001536 / Kp

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Cheng Hoe

of _____

Insured: _____

Policy No. _____

Claims No. _____

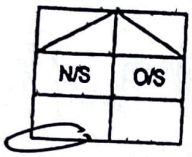
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 3-4 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 07/30 Person Contacted: _____ Vehicle: IN / OUT

Veh No: SCQ 2423T Yr Regn: 07, 10

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or 4A

Make: Mer C180 c.c 1796

Colour M. Grey A/C: Insured / Std / NI / NA

Sp.Reading 210385 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 2040 492 A 393099

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: _____

R: 225 / 45R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	7 mm	R/Bal.	8 mm
L/Bal.	7 mm	L/Bal.	8 mm
D.O.A.	31/1/23	D.O.I.	28/3/2023

Survey held at _____

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

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

Date / Time	Action / Instruction
/	EM not ready

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ Tech Invs ($ _____)

☐ Weekend ($ _____)

Survey Fee: _____

Transportation: $ - R$ _____ S

Others _____

TOTAL _____

Report Format :

Lump Sum / I.B.I: ($ _____)

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	01/02/2023 19:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	31/01/2023 18:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG SLE NEAR L/POST NO. 79
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2423T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	XU YANNA
NRIC No	SXXXX822E
Email Address	xuxu_polly@hotmail.com
Mobile Phone No	(Phone) +65-96273384
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C 180 CGI
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SO2002212795

DRIVER

Name of Driver	XU YANNA
NRIC No	SXXXX822E
Date Of Birth	04/03/1984
Occupation	Indoor

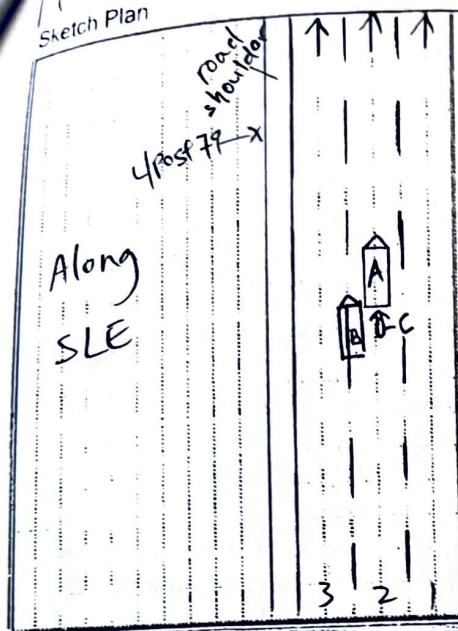
Circumstance of the Accident

NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy (✓) Claim Third party ( ) Reporting Onlly

( ) Claim OD/ TP at other workshop (_____)

Sketch Plan



DoA: 31/1/23 @ 18:25

A: SLQ2423T

B: SNG5137D (PHV)
Toh Teck Chuan
S1830246B
HP-96186098

C: FBD7556Y (Alone)
Barai Dolan
HP-87094612
G6938866W

While I was driving along SLE towards Woodlands before Lentor exit. The car before me slowed down and made a complete stop. I managed to stop in time. However the car behind me (SNG5137D) made emergency stop and turned to left trying to avoid me, but the car hit my back at the left. 1 to 2 seconds later, another motorcycle (C) hit my car from behind again. No injury involved for all parties.

Declaration

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

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)

1/2/23

(YS)