•			REF:
-	• •	To John	1 Cimit 4
A	S	REC. BY: Taulin	

EQI

10070-	
ASSIGNMENT	ъ.
ACCIONIVITION OF	

From: Date:	Veh No: SMY 740 M Yr Regn: 2020, July.		
Estimated Cost:	Type: MGarl M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /		
OD TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Traller or		
To Inspect Vehicle No:	Make: Audi Q3 cc /395		
at Workshop m/s	Golour . Kinh A/G: Insured / Std / NI / NA		
of ·	Sp.Reading & 7436 T/Radio: Insured / Std / NI / NA		
Insured:	Eng/No:		
Policy No.	C/No: WAY EZZ F33L/18949		
Claims No.	Gen. Cond; Good / Bir / Poor / Burnt		
Sum Insured: Excess:	Sleering: Inorder/ Jammed / Leaked / Burnt or		
(Client's Record)	Brake; Inorder/ Jammed / Leaked / Burnt or		
Make of Veh;	Modl: NII I FIRIM I STD A/RIM or /		
	Tyre Size: F: 287/55 R/S		
(Policy Condition)	R: 1 ~		
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /		
repair at the filme of inspection,	TOYO YOXO or		
Ball or Market Value: \$ 146 M	Front Rear		
IDAC Accident Roort Consistent? : Yes or No	R/Bal, R/Bal, mm		
GIA / PR Seert Consistent? : Yes or No	L/Bal. 6 mm UBal. 6 mm		
Est Repairs: days Res.: Yes or No	D.O.A. D.O.I. 2/8/230370m		
Lum Sum: % 3 Val.: Yes or No	Survey held at Mayurs Garage.		
CA I REV I REP. I 24HRS W	Des. of Damages: Frt / Rear / O/S (N/S / U/C / Rooftop-or		
Vehicle: IN / OUT Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.		
Date / Time Action / Instruction	THE STOTE OF STREET POSTY STREET, SECOND CONTROL OF STREET,		
Date/Time, File Pass to? : Prell. Report	Days Of Repair:		
	Resurvey No. of Trip: Survey Fee:		
Date/Time, File Return to?	Transportation:		
2) Add Fee			
	: Interview (\$) Photos		
Report Formal:	Tech. Invs (\$) offices		
Lump Sun/LEA: (F)	:Weel:end (#		
	TOTAL		

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

26/07/2023 17:08 (SGT) Date of First Submission Reported by **Actual Driver** Date of Accident 25/07/2023 20:20 (SGT) Fxact Location of Accident North Bridge Rd, Singapore Additional Location Information Country/State of Loss Singapore

SMU740H

Private use

Private car

Auto

1984

INSURED/POLICYHOLDER Is company? Name Of Registered Owner LEE SOON TEOW NRIC No S22015411 Email Address legostlee@yahoo.com.sg Mobile Phone No (Phone) +65-96261884

Alternative Phone No

Vehicle Registration Number

VEHICLE PARTICULARS

Manufacturer Audi Model Q3 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

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

ERGO Insurance Pte. Ltd. DMPG22009630

No - Claiming third party

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

MELODEE LEE ZHI YING S9771557B 10/01/1997 Indoor

Date Of Driving Pass 14/10/2015 Driving experience 7 YEARS AND 9 MONTHS Female Gender (Phone) +65-91148634 Mobile Number Alt. Phone Number Melodee97@hotmail.com **Email Address** 604 ELIAS ROAD #16-216 Address Address complement 510604 Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Child 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 Side Swipe Type of Accident Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No 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? Yes Number of Passengers (Including Driver) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 25/07/2023 AT AROUND 2020HRS, I WAS DRIVING VEHICLE A (SMU740H) ALONG NORTH BRIDGE ROAD. I WAS ON LANE 2 (STRAIGHT OR RIGHT TURN) WHILE VEHICLE B (YQ3527S) WAS ON LANE 3 (STRAIGHT ONLY). WHILE DRIVING PAST THE JUNCTION OF COLEMAN STREET, I PROCEEDED STRAIGHT AHEAD BUT VEHICLE B MADE A RIGHT TURN AND COLLIDED ONTO THE LEFT SIDE OF VEHICLE A. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

ATTACHMENT(S)

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

Yes No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

YQ3527S Mitsubishi CANTER FEB21ER4SDEN (CBU)



Vehicle Category Name of Driver		- Commercial vehicle JESURETHNAM JOSE (Phone) +65-90404000
OUTIOU ITAINIO	e a sa alwan - e siste de e	-
Address complement	was no express to 1991	t - n
Postcode		-
Insurance Company Name		' '
Nature Of Damage		-
Details of property damaged in accid	dent	-
No. Of Passenger (Including Driver)	the second second	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any willful 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. 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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, 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.
- (i) 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, invokes, 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 sadds dealing with my claims. (Collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the bacters' 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 assets SIA to their third-party service providers or agents (including their lawyers/law firms), which may be sized guisside of Streetwee, for one or more of the above Purposes.

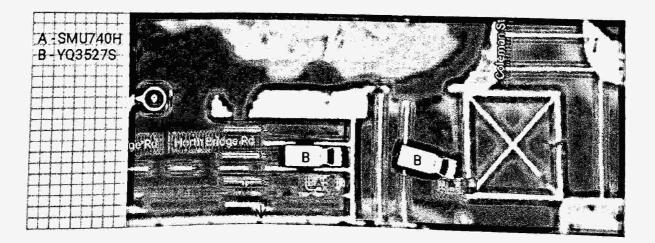
Policyholder's Signature / Date &

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time 26/07/2023 1330HRS Time 26/07/2023 1330HRS

Witnessed by Reporting Centre Personnel

PLASH ACCIDENT REPORTING OFFICE FRO SUFIYAN

Sketch Plan



Describe Circumstances of the Accident

ON 25/07/2023 AT AROUND 2020HRS, I WAS DRIVING VEHICLE A (SMU740H) ALONG NORTH BRIDGE ROAD. I WAS ON LANE 2 (STRAIGHT OR RIGHT TURN) WHILE VEHICLE B (YQ3527S) WAS ON LANE 3 (STRAIGHT ONLY). WHILE DRIVING PAST THE JUNCTION OF COLEMAN STREET, I PROCEEDED STRAIGHT AHEAD BUT VEHICLE B MADE A RIGHT TURN AND COLLIDED ONTO THE LEFT SIDE OF VEHICLE A.

NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED.

Declaration

We declare the foregoing particulars are true in every respective

Policyholder's Signature / Date &

Time 26/07/2023 1330HRS & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 26/07/2023 1330HRS

PLASH ACCIDENT

Witnessed by Reporting Centre