

ASSIGNMENT

From: _____ Date: _____

Estimate: _____

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

To in _____ Vehicle No: _____

at _____ m/s

of _____

Insured: _____

Policy No: _____

Claim No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: Smm7804D Yr Regn: 2014, May

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz CLA 180 1595

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 122409 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD 1173422 N 081625

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/45 R18

R: 225/45 R18

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

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A. 16/8/24

D.O.I. 26/08/24

Survey held at M6 Solution

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

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

Date / Time Action / Instruction

TP INC

COE Expiry: 30/04/2034

Estimate given during: Yes (✓)
1st Survey: No ()

MV:

PV:

Nett:

Date/Time, File Pass to?

☐ Preli. Report
☐ Final Report

1) _____
Date/Time, File Return to?

2) _____

Report Format:

Report 2 (Form 1) / 2 (Form 2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invoice (\$)

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

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 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. 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 First Submission	17/08/2024 12:09 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/08/2024 17:00 (SGT)
Exact Location of Accident	Changi Naval Base, Singapore
Additional Location Information	TWDS TANAH MERAH COAST RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7804D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GABRIEL CONSTANTINE HO WEI JIE
NRIC No	S9312532J
Email Address	GABRIELCONSTANTINE1@GMAIL.COM
Mobile Phone No	(Phone) +65-80338307
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTPV01006367

DRIVER

Name of Driver	GABRIEL CONSTANTINE HO WEI JIE
NRIC No	S9312532J
Date Of Birth	15/04/1993
Occupation	Indoor
Driving Pass Date	23/11/2018
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80338307
Alt. Phone Number	-
Email Address	GABRIELCONSTANTINE1@GMAIL.COM
Address	BLK 618 ANG MO KIO AVE 4 #10-1057
Address complement	-
Postcode	560618
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 16/08/2024 AT ABOUT 1700HRS, AT SLIP ROAD OF CHANGI NAVAL BASE TOWARDS TANAH MERAH COAST ROAD. I WAS TRAVELLING ON THE ABOVE-MENTIONED SLIP ROAD AND I SLOW DOWN AND STOP DUE TO THE CLEARANCE OF THE MAIN ROAD TRAFFIC. SUDDENLY, I HEARD A LOUD BANG FORM THE REAR AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE B WHO HIT ONTO THE REAR PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. AFTER THE ACCIDENT, I FELT UNWELL AND WENT TO CONSULT A DOCTOR AND WAS AWARDED 2 DAYS OF MC FOR MY INJURY

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD682L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GABRIEL CONSTANTINE HO WEI JIE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMM7804D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

PROCEEDING OF THE COURT OF THE DISTRICT OF KUALA LUMPUR

On 16/08/2024 at about 1700hrs at Slip Road of Changi Naval Base towards Tanah Merah Coast Road. I was travelling on the above mentioned slip road and I slow down and stop due to the clearance of the main traffic. Suddenly I heard a loud bang from the rear and when I alighted, I realised that it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. After the accident, I felt unwell and went to consult a doctor and was awarded 02 days of me for my injury.

Vehicle A: SMM 2804D
Vehicle B: GBD 682L



Declaration:

I declare that the foregoing particulars are true and correct.