

REF: CS/INC24080493/Avh3

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estim: \_\_\_\_\_

OD / TP RES / OD RES / EVA / INV / MVTo in Vehicle No: \_\_\_\_\_at W/O \_\_\_\_\_

of \_\_\_\_\_

Insured: **GBD 682L**

Policy No. \_\_\_\_\_

Claim's No. **MT/1292612-001**

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Vehicle: \_\_\_\_\_

(Policy Condition)

N/S	O/S

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

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

Truck / Trailer or

Make: Mercedes Benz CLA 180 1595Colour: White A/C: Insured / Std / NI / NASp. Reading: 122409 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD 1173422 N 081625Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/45 R18R: 225/45 R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. 16/8/24 D.O.I. 26/08/24Survey held at M6 SolutionDes. 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
23/9/24	<p><u>TP INC</u></p> <p>LS \$4800 confirmed by email (Red 15,736.80, 76%)</p> <p>COE Expiry: <u>30/04/2034</u></p> <p>Estimate given during: Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p> <p>1st Survey: Yes <input checked="" type="checkbox"/> / No <input type="checkbox"/></p> <p>MV: _____</p> <p>PV: _____</p> <p>Nett: _____</p>

Date/Time, File Pass to?

☐

Preli. Report

1)

Date/Time, File Return to?

☐

Final Report

2)

Days Of Repair: **4**

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

Site Insp (\$)

Interview (\$)

Tech. Inve (\$)

Survey Fee:

Transportation:

3 + RS. \$1

Photos

Others

Report Format:

Report 24 Hrs / 48 Hrs / 72 Hrs

## 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)	-

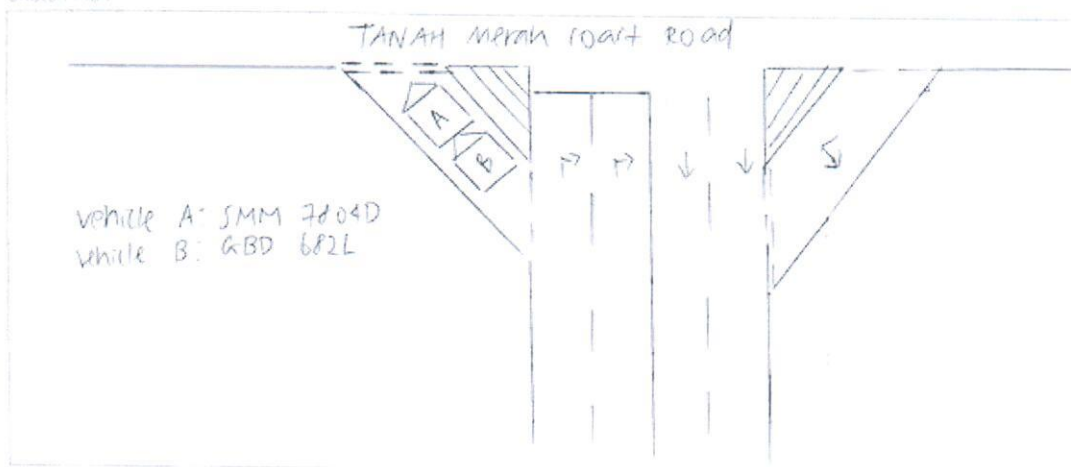
#### INJURED PERSONS DETAILS

##### 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

### SKETCH PLAN

For a complete description of the system, see the following:



PROCEEDING OF THE COURT OF APPEAL

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 MC for my injury.

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



Declaration:

I declare that the information provided is true and correct.