

ASS. REC. BY: Taught REF: CS/CT12409006/Tuh3

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
☒ TP / WS / TP RES / OD RES / EVA / INV / MV
To Inspect Vehicle No: _____
at Workshop m/s _____
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: 42k 348K
IDAC Accident Rpt: _____ 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: SLH144J Yr Regn: 2016 / 10
Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or _____
Make: BMW 216D c.c. 1496
Colour: white A/C: Insured / Std / NI / NA
Sp. Reading: _____ T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: WBAZE320005B45406
Gen. Cond: ☒ Good / Fair / Poor / Burnt
Steering: ☒ In order / Jammed / Leaked / Burnt or
Brake: ☒ In order / Jammed / Leaked / Burnt or
Modl: ☒ NII / SRim / STD A/Rim or
Tyre Size: F: 205/55R17
R: 205/55R17

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

Front 6 Rear 6
R/Bal. _____ mm R/Bal. _____ mm
L/Bal. 6 mm L/Bal. 6 mm
D.O.A. _____ D.O.I. 4/9/24

Survey held at Ping Auto Carros

Des. of Damages: Frt / Rear / O/S / N/S / U/G / Rooftop or
Five Car

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

Date / Time	Action / Instruction
	front portion of vehicle engine caught fire, total loss
	20/09/24 submit total loss
	mv \$42k ; Ita \$26003 ; nv \$15997

Date/Time, File Pass to?

☐ : Prell. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL

Rep. Format: _____

Lump Sum / L.B.E. (\$) _____

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	03/09/2024 18:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/09/2024 10:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FUN'S FLORIST & NURSERY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH144J

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KONG CHEE WEE
NRIC No	SXXXX685D
Email Address	MMHUGO@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91817600
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	316cdi/3665
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	1496
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00021922302

DRIVER

Name of Driver	KONG CHEE WEE
NRIC No	SXXXX685D
Date Of Birth	24/01/1975
Occupation	Indoor
Driving Pass Date	13/11/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91817600
Alt. Phone Number	-
Email Address	MMHUGO@YAHOO.COM.SG
Address	420 CHOA CHU KANG AVE 4 #10-324
Address complement	-
Postcode	680420
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO POLICE REPORT

ATTACHMENT(S)

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

SKETCH PLAN

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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. 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 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, 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' 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;

(iv) 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 well 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.

[Handwritten Signature]

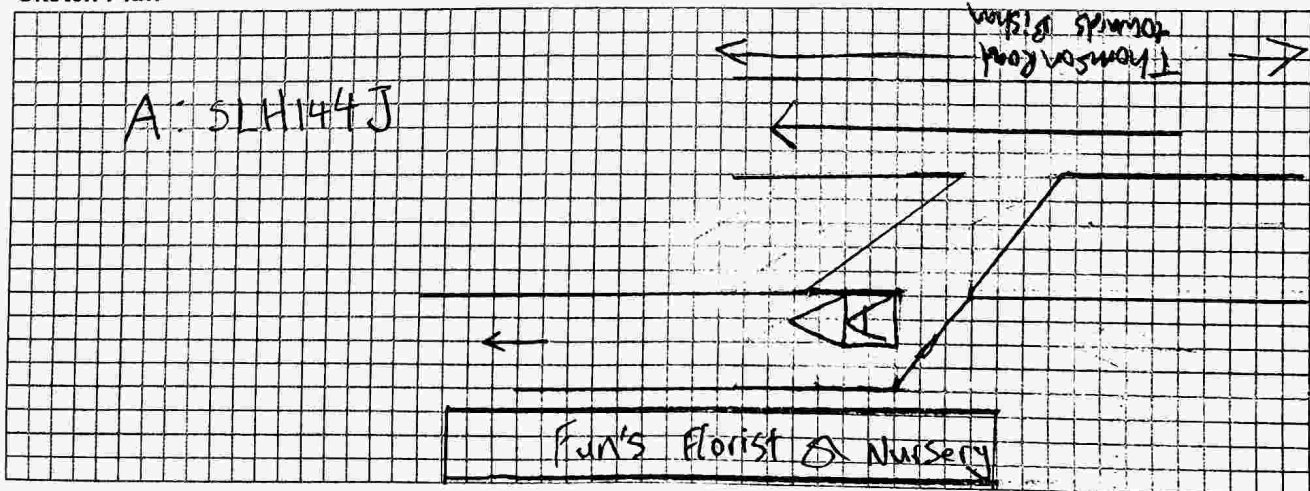
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

3-15
I am driving from orchard road, heading towards Steven ~~road~~ road, PIE. I saw my car dashboard sending me error messages saying "Battery is not charging". So I decided to drive to Sin Ming to check my car. While I was exiting Thomson road (PIE), another error appeared on my car screen indicating "high temperature, stop the car at a safe place to check!". So I noticed a side road at 551 THOMSON Road, FUN'S FLORIST & NURSERY, I stopped my car outside the florist shop and turn off my engine. I ran to the florist shop and asked for help. They used 2 fire extinguisher and a water hose to put out the fire. I called 995 while trying put out the fire.

Declaration

We declare the foregoing particulars are true in every respect.

3-15
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





SINGAPORE POLICE FORCE



E/20240903/7042

1 of 2

Report No. E/20240903/7042

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 03/09/2024 16:15	Vide Report No.	Station Diary No.
Name Of Informant KONG CHEE WEE	Address 420 CHOA CHU KANG AVE 4 #10-324 SINGAPORE 680420	
ID Type / ID No. NRIC NO / S7502685D	Contact No. Home/Office: Mobile: 91817600	
Nationality SINGAPORE CITIZEN	Email Address mmhugo@yahoo.com.sg	
Occupation Optician	Sex Male	Age 49
Institution/School Name	Language English	Date of Birth 24/01/1975
Date/Time Of Incident 03/09/2024 10:15 - 03/09/2024 11:00	Location Of Incident 551 THOMSON ROAD SINGAPORE 298180	Race Chinese

Brief details.

I was driving my car, SLH144J from Steven road to Thomson Road via PIE at 10am. I saw a message on my car dash screen saying " Battery is not charging". After I took the PIE exit into Thomson road, another message pop out on the screen saying " high temperature, find a safe place to pull over". I drove into the side road which is in front of 551 Thomson Road, Fun's Florist & Nursery. I stopped my car outside the nursery and noticed a lot of smoke coming from the front right. Within few seconds , I saw fire underneath my car and I called 995 at 1015am while we tried to put out the fire on my car.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2024 16:15
Officer In-Charge Of Case:	Classification Of Case:



SINGAPORE POLICE FORCE



E/20240903/7042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20240903/7042

Subjects Involved			
Victim			
Person Name	KONG CHEE WEE		
ID Type	NRIC NO	ID No	S7502685D
Gender	Male	Age	49
Race	Chinese	Language	English
Occupation	Optician	Address	420 CHOA CHU KANG AVE 4 #10-324 SINGAPORE 680420
Mobile No	91817600	Is Informant A Victim?	Yes
Person Name	KONG CHEE WEE (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2024 16:15
Officer In-Charge Of Case:	Classification Of Case: