

ASS. REC. BY:

REF:

MSK/ CS/MSK 24120211/Knh3

C

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD/TP/WS/TP RES/QD RES/EVA/INV/MV

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. _____

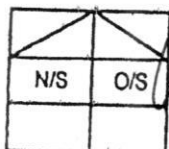
Claims No. _____

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: 847K

IDAC Accident Report: _____ Consistent?: Yes or No

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

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SM 9 447 Yr Regn: 08, 18Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Elanta c.c. 1591Colour: M. Gray A/C: Insured / Std / NI / NASp. Reading: 28459 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMH0841CMJU 728 701Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size: F: 195/65R15

R: _____

BS / DUN / EXNOVA / GY FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front _____ Rear _____

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 7/12/24 D.O.I. 20/12/2024

Survey held at _____

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

O/S in body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 EH not ready29/12 U/R 815506 Cash
(red, \$2342.8, 60%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S - RS. SI

Fuel

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

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 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 GlA 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 | 09/12/2024 10:11 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 07/12/2024 16:30 (SGT) |
| Exact Location of Accident | Serangoon Ave 3, Singapore |
| Additional Location Information | Amaranda Gardens (outside the guard house) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | SME44T |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | NG BOON HOON@NG BOON HOON PANSY |
| NRIC No | S1245903C |
| Email Address | pansy_ng@shaw.com.sg |
| Mobile Phone No | (Phone) +65-96396361 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hyundai |
| Model | Elantra |
| 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 | 1599 |
| Vehicle Fuel | - |
| First Registration Date | - |
| Chassis no | - |
| Effective Date/Time of Ownership | - |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number | 7240143633 |

DRIVER

| | |
|--|---------------------------|
| Name of Driver | NG MEI XUAN BERNADIN |
| NRIC No | S9837587B |
| Date Of Birth | 04/11/1998 |
| Occupation | Indoor |
| Driving Pass Date | 02/10/2020 |
| Driving License Pass Class | 3A |
| Driving License Validity | Valid |
| Driving experience | 4 YEARS AND 2 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-96609519 |
| Alt. Phone Number | - |
| Email Address | bernadinng@yahoo.com.sg |
| Address | 352 BALESTIER ROAD #13-01 |
| Address complement | - |
| Postcode | 329780 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Relative |
| 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 | Side Swipe |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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

Please refer to the sketch plan.

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 | FBW114K |
| Vehicle Manufacturer | - |

| | |
|---|----------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | WONG JUN KAI DYLAN |
| Contact Number | (Phone) +65-97284265 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy benefits.
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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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.

6. 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 furnished 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 insurers) 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;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquires 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.
- (b) collectively the "Purposes";
- (c) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' 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
- (d) 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

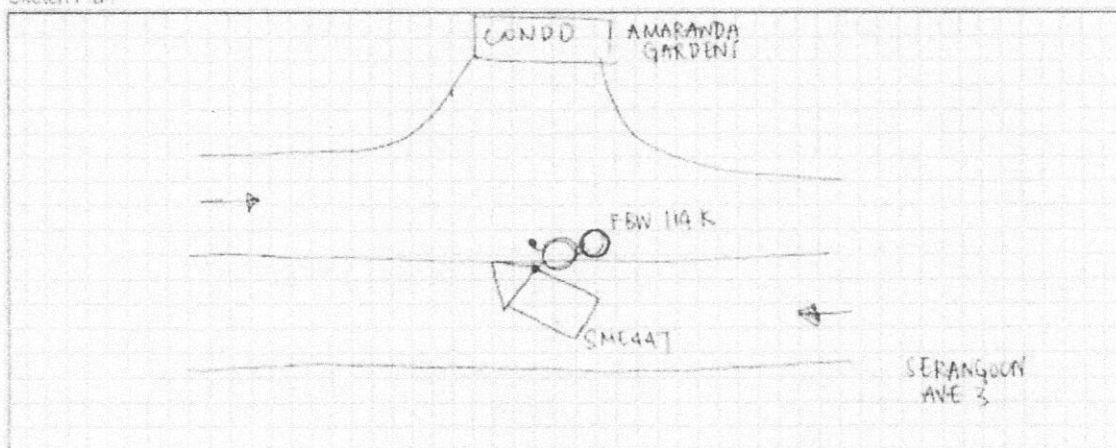
Refer to LOA

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) **SOH JIT HOON**

Sketch Plan



CLM2022

Describe Circumstance of the Accident

Date: 7-Dec-2024, Saturday

Time: ~ 4:30pm

Location: Serangoon Ave 3, outside Amara Gardens condominium

Weather: Fair weather (no rain)

As I (SME44T) was signalling right and slowing to turn into the condominium, the motorist (FBW 1246) ~~did not stop and collided with my~~ ^{driver} that was behind my car did not slow, and collided / side swiped into my right door as I was turning my car towards the right. This happened on a one-lane road. The motorist said he was okay when asked about his injuries. I did not sustain physical injuries.

A driver behind my car volunteered his contact information for footage from his dash cam. Sunny 8611 0922.

Car (myself): Ng Mei Xuan Bernadin

Motorist/Motorbike: Wong Jun Kai Dylan

Declaration

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

Refer to LCA

Policyholder's Signature / Date & Time

Rli

7/12/2024

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

[Signature]

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

SOH JIT HOON

win2022



SINGAPORE POLICE FORCE



T/20241215/7062

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241215/7062

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|--|--------------------|------------------|
| Date/Time Report Made: 15/12/2024 20:36 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: Ng Mei Xuan Bernadin | | | Address: | | |
| ID Type / ID No.: NRIC NO / S9837587B | | | Contact No.: Home/Office: | | Mobile: 96609519 |
| Nationality: SINGAPORE CITIZEN | | | Email: bernadinng@yahoo.com.sg | | |
| Sex: Female | Age: 26 | Date of Birth: 04/11/1998 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | |
| Occupation: Other financial analysts and related professionals | | | Driving Licence Information: Class: | | Date of Expiry: |

| | | | | |
|---|----------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 07/12/2024 16:30 | Type of Location: Straight Road |
| Location: SERANGOON AVENUE 3 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------------|------|-------|-------|-----------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBW114K | Motorcycle | | | | | 0 |
| SME44T | Motor car | | | | | 0 |

| | | | | |
|-------------------------------------|--------------------------------------|--------------|----------------|-------------|
| Details of Vehicle Insurance | | | | |
| Vehicle No. | Insurance Company | Insurance No | Effective Date | Expiry Date |
| FBW114K | MSIG INSURANCE (SINGAPORE) PTE. LTD. | | | |



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241215/7062

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|--------------|----------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective Date | Expiry Date |
| SME44T | AIG ASIA PACIFIC INSURANCE PTE. LTD. | | | |

| Details of Person Involved | | | | |
|--|----------------------|-----|--|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | WONG JUN KAI DYLAN | | ID No. | NIL |
| Related Vehicle | FBW114K (Motorcycle) | | Contact No. | 97284265 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave (MC) | | NIL | Degree of Injury | NIL |
| Driver | | | | |
| Name | Ng Mei Xuan Bernadin | | ID No. | S9837587B |
| Related Vehicle | SME44T (Motor car) | | Contact No. | 96609519 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave (MC) | | NIL | Degree of Injury | NIL |

Brief Details.

Location: Serangoon Ave 3 (in front of Amaranda Gardens condominium), two-way road.

I was driving my vehicle (SME44T) on Serangoon Ave 3, heading towards Lorong Chuan MRT. As I approached the Amaranda Gardens condominium, I signaled right, slowed down, and verified that there was no incoming traffic before executing a right turn into the condominium. While I was turning, a motorbike (FBW 114K) unexpectedly side-swiped the right side of my driver's door.

After stopping my vehicle, the motorcyclist indicated that he was not injured and admitted that he believed the accident was his fault because he was not paying attention to the road. He proposed that we resolve the issue privately without involving insurance, but I declined as I was unsure of the potential repair costs. Later that week (Friday, December 13), I discovered that the motorbike owner had inaccurately reported in his incident statement that I had stopped in the middle of the road without signaling, which contradicts his admission at the accident scene.

Witnesses/Video Evidence: My car's dash cam recorded only from 4:37 PM onwards, which was after the accident occurred. A vehicle behind us (SDG8112Z, based on my dash cam footage) stopped and offered to provide video evidence of the incident. We exchanged contact details, and he introduced himself as Sunny. However, subsequent



**SINGAPORE
POLICE FORCE**



T/20241215/7062

3 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241215/7062

CONTINUATION OF REPORT

attempts to reach him were unsuccessful, as he did not respond to my messages, and when I called, his number was "not in use."

I am concerned that there may have been collusion between the motorcyclist and the car owner to misrepresent the details of the accident, considering the discrepancy between what they stated on the day of the incident and their subsequent actions.



**SINGAPORE
POLICE FORCE**



T/20241215/7062

4 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241215/7062

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
15/12/2024 20:36

Classification Of Case:

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S 9837587B**
Name: **NG MEI XUAN BERNADIN**

Birth Date: **04 Nov 1998**
Issue Date: **02 Oct 2020**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | EFFECTIVE DATE |
|---|----------------|
| Class 3A Ambulances / Motor cars without clutch pedals ≤ 3000kg with ≤ 7 passengers, exclusive of the driver / motor tractors or vehicles without clutch pedals ≤ 2500kg | 02 Oct 2020 |

NP 428A



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

903C

Vehicle Details

Vehicle No.:

SME44T

Vehicle to be Exported:

No

Intended Deregistration Date:

28 Dec 2024

Vehicle Make:

HYUNDAI

Vehicle Model:

ELANTRA AD 1.6 GLS AT (AMS)

Primary Colour:

Silver

Manufacturing Year:

2018

Engine No.:

G4FGJU237310

Chassis No.:

KMHD841CMJU728701

Maximum Power Output:

93.8 kW (125 bhp)

Open Market Value:

\$12,515.00

Original Registration Date:

24 Aug 2018

First Registration Date:

24 Aug 2018

Transfer Count:

0

Actual ARF Paid:

\$12,515.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

23 Aug 2028

PARF Rebate Amount:

\$8,134.00

Intended COE Rebate Details

COE Expiry Date:

23 Aug 2028

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$33,798.00

COE Rebate Amount:

\$12,347.00

Total Rebate Amount:

\$20,481.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 28 Dec 2024

OK