

CS3/MSG18010780/Dg03/19  
 ASSIGNMENT (Office)  
 Mainmen <sup>Bryan</sup> Ngchenhow MSIG Date/Time 14/1/2019  
 Estimated Cost Bill No.  
 OD (P) WS/TP REST OD RS / LVA / INV / MY / CS  
 To Impact Vehicle No SLV 1167M Itemed SLV 4811E  
 at Workshop no Hiao Lek Automobile Tel: 64531743  
 at 160 Sin Ming Drive # 05-17  
 Policy No 28795104MCX Claim No 560871  
 Date/Time 10:10am @ 13/6/18 Person Contacted Mr. Choon  
 Vehicle IN OUT  
 Date/Time Action/Description (X) Estimate  
 SLV 1167M - NBA/AIG18010609/Y DOA: 8/6/18  
 SLV 4811E - NBA/AIG18010609/Y DOA: 8/6/18

08/02/2019 - To submit 2/5 6850/- o 7u 6 dgs  
 7 'v. (Red \$6800, 50%)  
 - PRS photo seen. Prices checked.  
 - Most items not given as no  
 damage seen during PRS. or can be  
 used back.

RECEIVED 11 FEB 2019  


REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: \_\_\_\_\_  
 at Workshop no: \_\_\_\_\_  
 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: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR. Sum: \_\_\_\_\_ Consistent? : Yes or No

Est. Repair: 5 days Res: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: 8LV 1167 M / Regn: 2017 Dec  
 Type: ☒ M/Cycle / Dus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or

Make: Kia Cerato K3 C.C. 1591  
 Colour: Blue A/C: Insured / Std / NI / NA

Sp Reading: 6462 T/Ratio: Insured / Std / NI / NA

Eng No: G4FGHH688148

Ch No: KNAFX41M35755811

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orMod: Nil / ☒ Rim / STD A/Rim or

Tyre Size: F: 205/55 R 14  
 R: — 11 —

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

Front	Rear
R/Bal. 6 mm	R/Bal. 6 mm
L/Bal. 6 mm	L/Bal. 6 mm

D.O.A. 08/06/2018 D.O.I. 13/06/2018

Survey held at: Hiep Lek Sin Ming

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

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

Date / Time: \_\_\_\_\_ Action / Instruction

MSIG 8LS 4811 E

PR 3

Rep range 5K to 6K with 5 days 2 w

RECEIVED 10 JUL 2018

Date/Time, File Pass 1/2

☐ : Prel. Report

Days Of Repair: 5

1)

☐ : Final Report

Resurvey No. of Trip: 2

Date/Time, File Return 1/2

2)

Add Fee: ☐ Site Insp (\$)

Survey Fee:

Transportation:

) \$ + R\$ 12

) Photos

) Other:

)

TOTAL

Report Format: PRS

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

☐ Interview (\$)☐ Tech. Invs (\$)☐ Weekend (\$)

## 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 Authorised 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 ability.
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 Report	11/06/2018 16:56
Date Of Accident	08/06/2018 23:30
Exact Location Of Accident	CTE (CITY) BEFORE PIE (CHANGI) EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1167M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DIANA GOH MUI MUI (WU MEIMEI)
NRIC No	S7147273F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90622884
Alternative Phone No	OTHERS-90622884

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO K3-1.6 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700090634
Cover Note Number	

### Driver

Name of Driver	DIANA GOH MUI MUI (WU MEIMEI)
NRIC No	S7147273F
Date Of Birth	06/12/1971
Occupation	INDOOR
Date Of Driving Pass	20/12/1993
Driving Experience	24 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90622884
Fax Number	
Contact Number	OTHERS-90622884
EEmail Address	NOEMAIL

Address	BLK 427 YISHUN AVENUE 11 #09-612
Postcode	760427
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ4811E
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAN CHIN HUAT
NRIC/Passport Number	S7707993I
Contact Number	91995915
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	DIANA GOH MUI MUI (WU MEIMEI)
------	-------------------------------

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLV1167M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

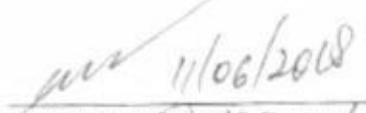
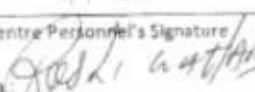
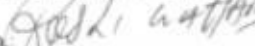
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the 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' 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 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' 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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

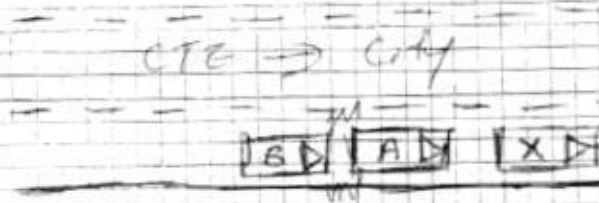
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:   
NRIC/TIN No: 

# Sketch Plan #2

## SKETCH PLAN

① SLV1167M  
② SLJ4811E



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was travelling along CTE towards city on lane 1. Before RIE (change) exit, front vehicle suddenly slow down and stop, I stop accordingly. moment later veh B rear ended my vehicle at a relatively great impact. I did feel some pain on my shoulder. If the pain persist, I may consult doctor if need to.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





## SINGAPORE ACCIDENT STATEMENT

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### ACCIDENT STATEMENT

Date Of Report	11/06/2018 17:58
Date Of Accident	08/06/2018 23:30
Exact Location Of Accident	ALONG CTE TOWARDS ORCHARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4811E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SKYWAY MOTOR PTE LTD
Co Reg No	199904194N
Email Address	PEILIN@SKYWAY.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63336333

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID X (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE HIRE
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### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A 28795104 MCX
Cover Note Number	

### Driver

Name of Driver	GAN CHIN HUAT (YAN JINFA)
NRIC No	S7707993I
Date Of Birth	27/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2001
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91995915
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address	BLK 327A SUMANG WALK #14-906
Postcode	821327
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNABLE TO PROVIDE NAME GENDER: : MALE
Passenger 2	NAME: : UNABLE TO PROVIDE NAME GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV1167M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

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  - (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' 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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *MYRAUS JCI*  
NRIC/FIN No.: *549 33826*

### SKETCH PLAN

At home, Ohio

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8 June 2018 at 23.30 my vehicle (A) SLJ4811E was travelling <sup>along</sup> CTE towards Orchard. Vehicle (B) SLV 1167MT in front of me suddenly applied E-brake and I can't react in time and hit onto the rear portion of vehicle B.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

**Reporting Centre Personnel's Signature**  
Name: *Murphy J*  
NRIC/FIN No.: *578338000*

Accident Photo



Accident Photo





Accident Photo

