

REF: CS/MSG190067351

ASS. REC. BY:

Surveyor: GA

REF: CS/MSG190067351

Special Instruction:

W/14141

ASSIGNMENT (Office)

From (Person): Monica Chung Pui Shan MSIG

Date/Time: 27/05/2019

Estimated Cost: Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: GBE 740Y

Insured: SKL 8320E

at Workshop in/s RS Automotive

Tel: 67483032 / 91926089

of 3066 ubi road 1 # 01-3941384

Policy No: 27633063smp

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 12.4.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

"WP"

Date/Time: 16.4.19 11.06a.m

Person Contacted: Richard

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate	X
	GBE 740Y - X		
	SKL 8320E - X		
	Dismantle: 18/4/2019		

28/6/2019

Do Not Finalise

\$11350, 10 Days.

(Red: 9750; 46%)

28/6 file pass to typist

URGENT

RECEIVED 28 JUN 2019

PPS  
Surge  
bul.

REF: MS19

# ASSIGNMENT

From: \_\_\_\_\_ Date: 16.4.2019  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: GBE 740 Y  
at Workshop m/s RS Automotive  
of 3066 ub road 1 # 01-394/38#  
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: \$441K  
IDAC Accident Rpt: Consistent? : Yes or No  
GIA / PR Seen: Consistent? : Yes or No  
Est. Repairs: 12 days Res.: Yes or No  
Lump Sum: % 3 Val.: Yes or No  
CA / REV / REP. / 24 HRS "w/p"

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

Vehicle: IN / OUT

Veh No: GBE 740 Y Yr Regn: 26 Aug 2015  
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Nissan NV350 c.c 2488  
Colour: Silver A/C: Insured / Std / NI / NA  
Sp. Reading: 124472 T/Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: JN1MC2E 26 20003150  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: In order / Jammed / Leaked / Burnt or  
Brake: In order / Jammed / Leaked / Burnt or  
Modi: S/Rim / STD A/Rim or  
Tyre Size: F: 195R15 R: 17

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

Front Rear  
R/Bal. 5 mm R/Bal. 5 mm  
L/Bal. 5 mm L/Bal. 5 mm  
D.O.A. D.O.I. 16-04-19  
Survey held at w/s 4pm  
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

\$10K - \$12K  
repairs at \$20K  
18/4/2019

Date/Time, File Pass to?

☐ : Preli. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

Report Format: PPS

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

Days Of Repair: 12

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$)  
☐ Interview (\$)  
☐ Tech. Invs (\$)  
☐ Weekend (\$)

Survey Fee:

Transportation:

) S + RS, SI

) Photos

) Others

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 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 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 Report	12/04/2019 15:35
Date Of Accident	12/04/2019 09:50
Exact Location Of Accident	BEDOK NORTH AVE 3 BEFORE JUNC BEDOK NORTH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE740Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEE FWA ELECTRONICS & ELECTRICAL ENGINEERING
Co Reg No	21593200E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81253305
Alternative Phone No	OFFICE-81253305

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082851040-02
Cover Note Number	

### Driver

Name of Driver	KOK LEE SIONG
NRIC No	S2557478H
Date Of Birth	27/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1983
Driving Experience	35 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94571771
Fax Number	
Contact Number	OFFICE-94571771
Email Address	NOEMAIL

Address	BLK 418 BEDOK NORTH AVENUE 2 #09-97
Postcode	460418
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : LEE SIOW YONG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190412/2077.

#### 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	SKL8320E
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)

1

#### DETAILS OF INJURED PERSON 1

Name LEE SIOW YONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBE740Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### 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 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 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 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.

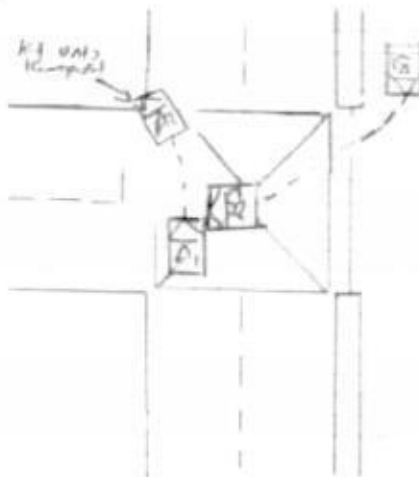
Policyholder's Signature  
Date & Time:

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

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

### Accident Sketch Plan

### SKETCH PLAN



A. GBE742Y  
B. GKLE370E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20440412/2077.

## 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.: \_\_\_\_\_



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190412/2077

Police Station Of Origin  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No. 1800-2449999

1 of 3

Report No. T/20190412/2077

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 12/04/2019 14:17	Vide Report No.: G/20190412/0055	Station Diary No.: 91
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### Informant's Particulars

Name of Informant KOK LEE SIONG			Address: APT BLK 418 BEDOK NORTH AVENUE 2 #09-97 SINGAPORE 460418		
ID Type / ID No.: NRIC NO / S2557478H			Contact No.: Home/Office: Mobile: 94571771		
Nationality: MALAYSIAN			Email:		
Sex Male	Age 57	Date of Birth: 27/03/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Electrician			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

### General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2019 09:50	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH AVENUE 3  ALONG BEDOK NORTH AVE 3 TOWARDS BEDOK RESERVOIR NEAR TO BETHESA BEDOK-TAMPINES CHURCH			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE740Y	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Silver	Seriously Damaged	1
SKL8320E	Car	BMW	520i AT D/AB 2WD 4DR LED NAV	Blue		0



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190412/2077

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No: T/20190412/2077

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KOK LEE SIONG	ID No.	S2557478H
Related Vehicle	GBE740Y (Van)	Contact No.	94571771
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the 12/04/2019 at about 0950hrs, I was driving my vehicle GBE740Y along Bedok North Ave 3 towards Bedok Reservoir Rd. While approaching the carpark entrance of Blk 401 Bedok North Ave 3, one vehicle, SKL8320E, driving on the opposite direction along Bedok North Ave 3 towards New Upp Changi Rd, made a right turn towards the carpark entrance of Blk 401. However, I was traveling straight and the front of vehicle SKL8320E collided onto the right front side of my vehicle. I had one passenger at that time. Both of us got down our vehicles and no one was injured. As the collision caused my vehicle to swerved to the left, my vehicle knocked onto one lamppost. Subsequently, Traffic Police arrived and I was given a case card reference no: G/20190412/0055 and advised to lodge this police report.

Police Report



SINGAPORE  
POLICE FORCE



T/20190412/2077

Police Station Of Origin:  
Bedok North N P C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

3 of 3

Report No: T/20190412/2077

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /  
Sgt 2 KOH WEN RUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/04/2019 14:17

Officer In Charge Of Case:

TP / GIT /  
Insp TAN CHIN YONG  
Contact No: 65476178

Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





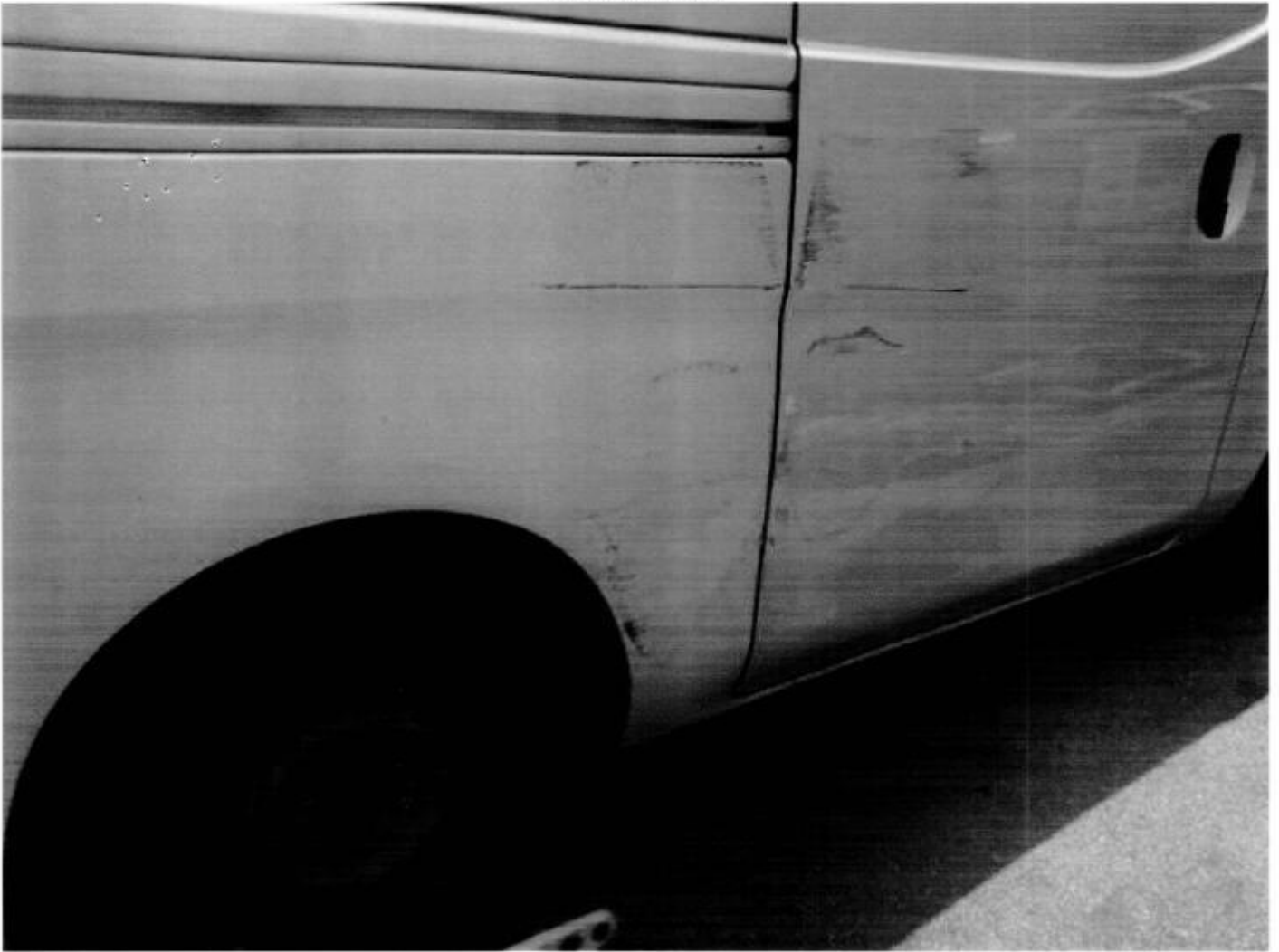
Accident Photo



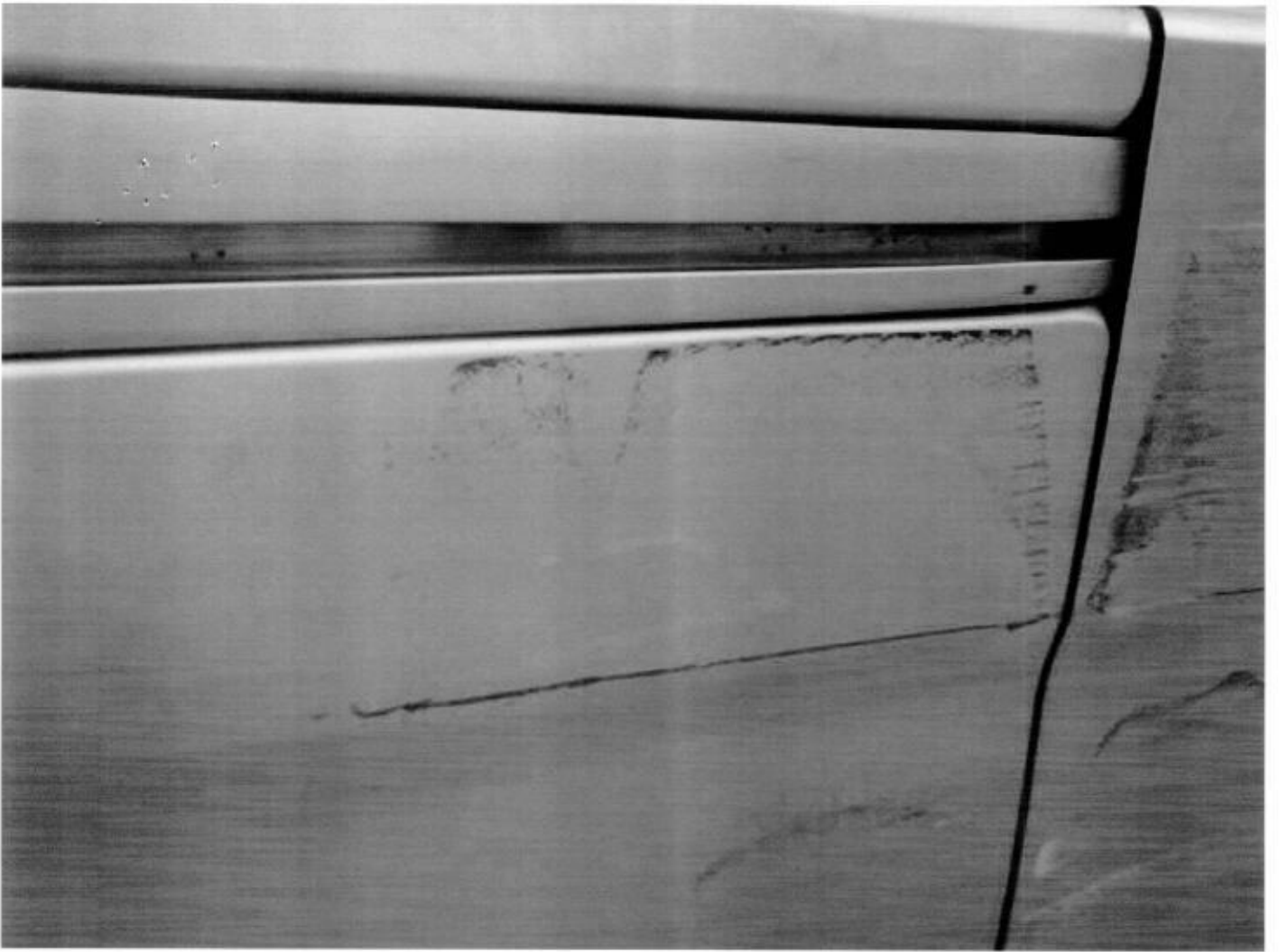
Accident Photo



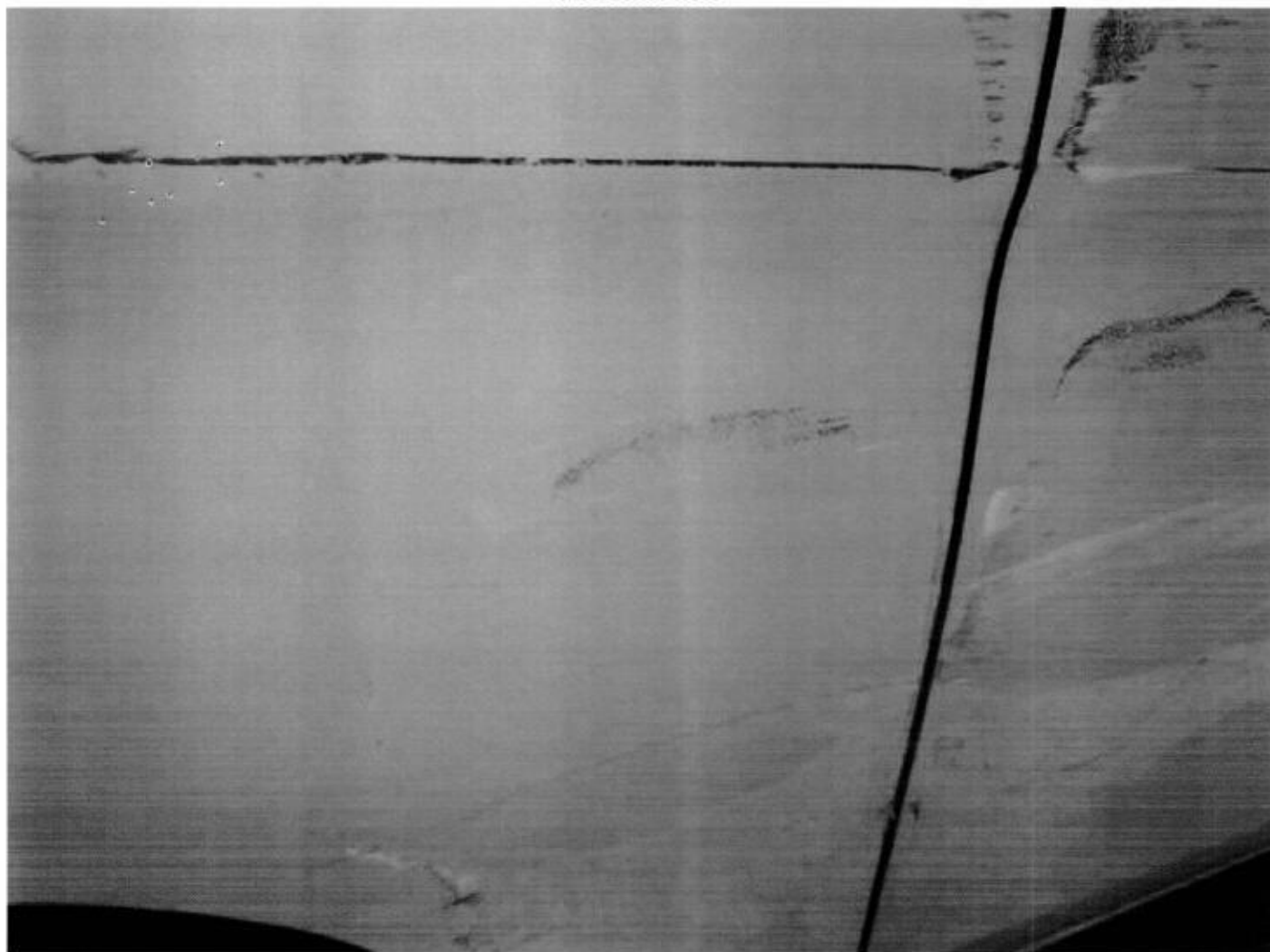
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

