

ASS. REC. BY:

REF: CS/MSG/19007145/

Gad3-1^{SV}

Special Instruction:

Surveyor: GQ

ASSIGNMENT (Office)

minimum

From (Person): Kathire Wong of MSIG

Date/Time 26/08/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: FBG 7244G

Insured: GBG 7273Y

at Workshop m/s Wing Yag Motor

Tel: 82334210

of Block 1003 AMK AVE 10 # 01-14

Policy No: A29035475MKC

Claim No: 588254

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 18.3.2019

24.4.2019

CA / REV / REP. / REV 24 HRS

"WP"

H.O.D. Endorsement:

Date/Time: 23.4.2019 4.44 p.m.

Person Contacted:

Kalin

Vehicle IN/OUT

Date/Time	Action/Instruction (X) Estimate
	FBG 7244G - ✓
	GBG 7273Y - NA / MV / 72334210 / K4
	DCA - CL / 18/12/19

Do Not Finalise

\$2250, 4 Days.
(Red \$ 1950, 46%.)

Signature
24/9/2019

RECEIVED 25 SEP 2019

PRs

62

REF: MS1G

7041G

ASSIGNMENT

From: Date 24-4-2019

Estimated Cost

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

To Inspect Vehicle No FBG 7244G

at Workshop n/s wing yap motor

of Block 4003 #01-114 Ame Ave 10

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:

\$ 5000

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen

Consistent? : Yes or No

Est. Repairs:

4

days

Res.: Yes or No

Lump Sum:

%

3 Val: Yes or No

CA / REV / REP / 24 HRS

"w"

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time Action / Instruction

\$ 3000 - \$ 4000

[Signature]

25/4/2019

Guo Qiang

pls check repair margin

RECEIVED 02 MAY 2019

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

-

Survey Fee:

Transportation

Site + RS

Photos

Office

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

☐

Weekend (\$

Report Format:

PRs

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

Veh No: FBG7244G Yr Bgn: 24 Oct 2012

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

Truck / Trailer or

Make

Honda CB150cc -149

Colour

Blue

A/C

Insured / Std / NI / NA

Sp. Reading

-

T/Radio

Insured / Std / NI / NA

Eng/No:

C/No:

CALKC11A2A3421265

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In/Out / Jammed / Leaked / Burnt or

Brake: In/Out / Jammed / Leaked / Burnt or

Modi

in / S/Rim / STD A/Rim or

Tyre Size:

F:

2.75-18

R:

3.00-18

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

TOYO / YOKO or

TIM SUN

Front

Rear

R/Bal.

4

mm

R/Bal.

4

mm

L/Bal.

4

mm

L/Bal.

4

mm

D.O.A.

D.O.I.

24-04-19

Survey held at

w/s

4:30pm

Des. of Damages

Frt

Rear

D/S

M/S

U/C

/ Rooftop or

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

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Monday, 26 August 2019 12:13 PM
To: Admin-D (LKKAuto)
Cc: Accounts (LKKAuto)
Subject: RE: Report Send Back Alerts - FBG7244G (TP)

Dear Nivitha,

FYNA Please...

Pending for Survey Report- CS3/MSG19007145/GCD3S2

19 26 Aug 2019 09:45	Ins Send Back Adj Rpt	For paper survey	[1] Katherine Wong
20 26 Aug 2019 09:45	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2019/08/28	[1] Merimen Administrator
21 26 Aug 2019 09:45	Adj Mandate Set	Maintained.	[1] Merimen Administrator

Thank You

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: 6841 1891 | email: account@lkkauto.com | fax: 6844-8805

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Do-Not-Reply <do-not-reply@merimen.com>
Sent: Monday, 26 August 2019 10:00 AM
To: account@lkkauto.com
Subject: Report Send Back Alerts - FBG7244G (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,
The Merimen Team



This email has been checked for viruses by AVG antivirus software.
www.avg.com

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	16/04/2019 12:18
Date Of Accident	18/03/2019 16:00
Exact Location Of Accident	GEYLANG LORONG 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG7244G
Insured/Policyholder	
Name Of Registered Owner	ANG TEE YEE
NRIC No	S7427041G
Email Address	ANGTEEEYEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98761801
Alternative Phone No	OTHERS-98761801

Vehicle Particulars

Manufacturer	HONDA
Model	CBF150-149CC (M)
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5062027191-05
Cover Note Number	THIRD PARTY, FIRE & THEFT

Driver

Name of Driver	ANG TEE YEE
NRIC No	S7427041G
Date Of Birth	17/08/1974
Occupation	INDOOR
Date Of Driving Pass	11/09/1991
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-98761801
Fax Number	
Contact Number	OTHERS-98761801

Address	BLK 211A PUNGGOL WALK #10-617 PUNGGOL RIPPLES
Postcode	821211
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 - MAJOR/MINOR RD
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?	YES
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?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	GBG7273Y
Vehicle Make/Model/Colour	TOYOTA DYNA LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BROKEN RIB CAGE, BOTH LEG

FBG7244G

YES

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT

D.O.A:

Vehicle No:

Make Model:

Report Date: 18/4/2019 Start Time: 12:53 PM

Reporting Type: TP End Time:

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 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' 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 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.

18/4/2019 12:43

Policyholder's Signature
Date & Time:

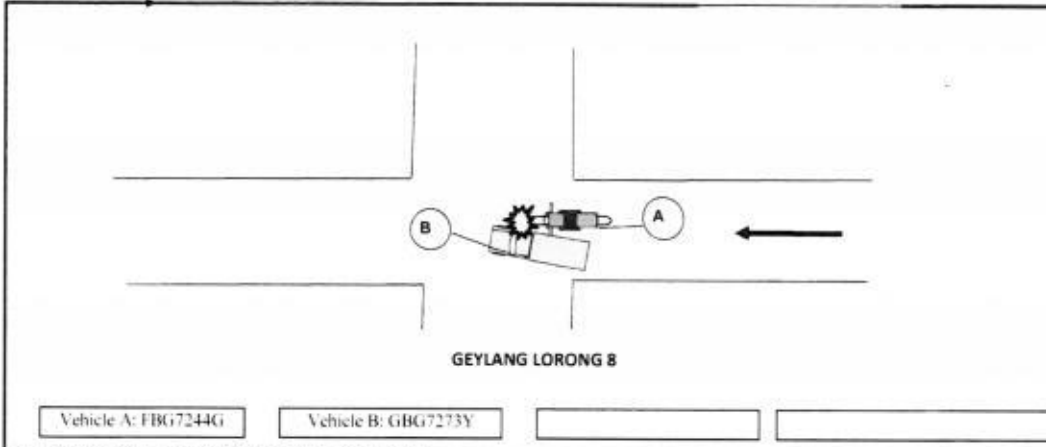
18/4/2019 12:43

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

Reporting Centre Personnel's Signature
Name: Eric Woo Jun Kiat
NRIC/ Fin No: S992753

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

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

18/4/2019 12:43

Policyholder's Signature
Date & Time:

18/4/2019 12:43

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

Reporting Centre Personnel's Signature
Name: Eric Woo Jun Kiat
NRIC/ Fin No: S992753

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190416/2050

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

1 of 3

Report No. T/20190416/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2019 12:02	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: ANG TEE YEE			Address: APT BLK 211A PUNGGOL WALK #10-617 PUNGGOL RIPPLES SINGAPORE 821211		
ID Type / ID No.: NRIC NO / S7427041G			Contact No.: Home/Office: Mobile: 98761801		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 17/08/1974	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/03/2019 16:00	Type of Location: Straight Road
Location: Along Road 1 LORONG 8 GEYLANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG7244G	Motorcycle	HONDA	CBF150	Blue	Seriously Damaged	0
GBG7273Y	Van				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG7244G	NTUC Income Insurance Co-Operative Limited	5062027191-05	24/10/2018	23/10/2019

POLICE REPORT Pg. 2



**SINGAPORE
POLICE FORCE**



T/20190416/2050

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

2 of 3

Report No. T/20190416/2050

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ANG TEE YEE	ID No.	S7427041G
Related Vehicle	NIL	Contact No.	98761801
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	18/03/2019	Date Discharge	21/03/2019
No. of Days granted Medical Leave	19	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS RIDING MY MOTORBIKE ALONG THE STRAIGHT ROAD ON A SINGLE LANE.THE OTHER DRIVER WAS PARKED ALONG THE SIDE OF THE ROAD.SUDDENLY THE DRIVER TURNED OUT TO THE RIGHT AND I COLLIDED ON THE VAN.
I HAD NO TIME TO BRAKE AS IT WAS VERY FAST REACT.

I HIT THE FRONT PORTION OF THE VAN AND FALL OFF FROM MY BIKE.
I SUSTAINED INJURY AND THE AMBULANCE WAS CALLED TO THE LOCATION.

I WAS CONVEYED TO RAFFLES HOSPITAL.
BOTH VEHICLES WERE SERIOUSLY DAMAGED AND MY BIKE WAS TOWED TO TRAFFIC POLICE.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20190416/2050

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

3 of 3

Report No. T/20190416/2050

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No.: 65472077

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
16/04/2019 12:02

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

POLICE REPORT Pg. 4

74

81

Accident Photo



Accident Photo



Accident Photo



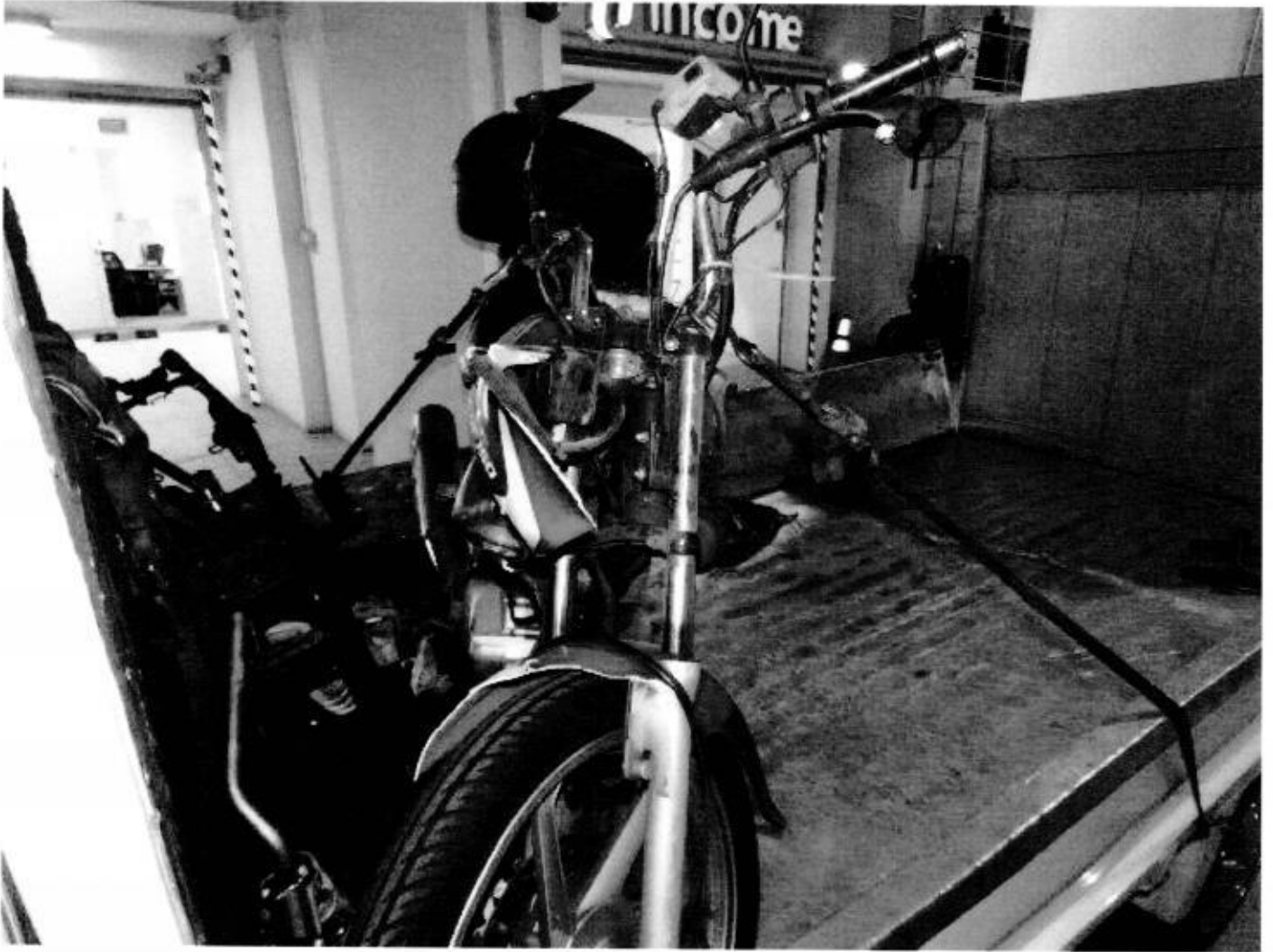
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNII 19049488 Vehicle Registration No: F8672446.
Name (as shown in NRIC) : Ang Tee Kye NRIC/FIN/Passport No : S74270416.
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 211A Punggol Walk #10-617 Punggol Ripples Singapore (821211)
Contact (Tel) : - Mobile No. : 9876 1801.
Email Address : angteekye@gmail.com.
Date of Accident : 18/3/2019. Time of Accident : 16:00.
Place of Accident : Geylang Loring 8
Insurance Company: NTUC Income Insurance Co-operation Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Change of Sketch Plan.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Eric
NRIC/FIN No.: S772753.
Date:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 18/03/2019 18:00
Date Of Accident 18/03/2019 16:00
Exact Location Of Accident LOR 8 GEYLANG
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG7273Y
Insured/Policyholder
Name Of Registered Owner SOON CHYE CONSTRUCTION COMPANY
Co Reg No 10529600K
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No Office-97870106

Vehicle Particulars

Manufacturer TOYOTA
Model DYNA

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number A 29035475 MKC
Cover Note Number

Driver

Name of Driver CHIA LEE SOON
NRIC No S1312358F
Date Of Birth 23/02/1958
Occupation OUTDOOR
Date Of Driving Pass 01/01/1983

Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94600939
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	APT BLK 162 YISHUN STREET 11 #15-272 S760162
Postcode	
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?	YES
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

REFER TO THE ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG7244G
Vehicle Make/Model/Colour	BLUE
Details Of Properties	NIL

Vehicle Category	MOTORCYCLE
Name of Driver	NIL
NRIC/Passport Number	
Contact Number	NIL
Address	NIL
	NIL
Postcode	NIL
Insurance Company Name	
Nature Of Damage	NIL
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	UNKNOWN RIDER
Approximate Age	
Injuries Sustain	NIL
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	NIL
	NIL
Postcode	NIL

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.



順財建築公司
SOON CHYE CONSTRUCTION CO.
TEL: 67471016 BLK 1013 GEYLANG EAST AVE 3
FAX: 67498826 #01-118 SINGAPORE 399728
Please Chop Sign & Return

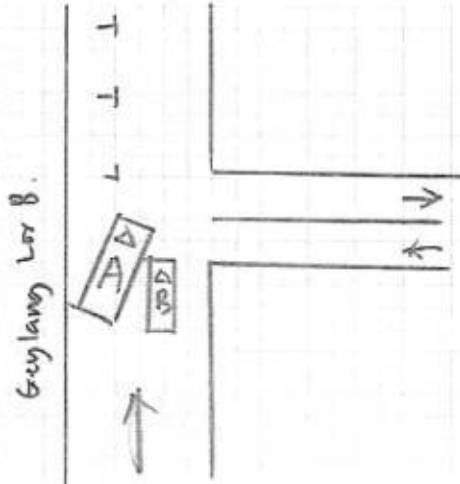
Policyholder's Signature
Date & Time:

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 - GBG7273Y

B - FBG7244G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to the Police Report.

INSURER: MSIA

VEHICLE: GBG7273Y

DOA: 18.3.2019

CLAIM TYPE: O/D claim.

WORKSHOP: KFS Motor

DECLARATION

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



SOON CHYE CONSTRUCTION CO

TEL: 67471018 BLK 1013 GEYLANG EAST AVE 3
FAX: 67495828 #01-116 SINGAPORE 389728

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/20190318/2158

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

1 of 3

Report No. T/20190318/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2019 19:17		Vide Report No.: G/20190318/0171		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: CHIA LEE SOON			Address: APT BLK 162 YISHUN STREET 11 #15-272 SINGAPORE 760162		
ID Type / ID No.: NRIC NO / S1312358F			Contact No.: Home/Office: Mobile: 94600939		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 23/02/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/03/2019 16:00	Type of Location: X-Junction
Location: Along Road 1 LORONG 8 GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG7244G	Motorcycle				Seriously Damaged	0
GBG7273Y	Lorry				Seriously Damaged	0

Police report



**SINGAPORE
POLICE FORCE**



T/20190318/2158

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

2 of 3

Report No. T/20190318/2158

CONTINUATION OF REPORT

Brief Details.

On 18/03/2019 at about 1550hours, I stationed my lorry along Geylang Lorong 8 and stayed in my lorry.

Same day at about 1600hours, I decided to leave, I checked my blind spot the road was clear, I then steer my wheel to the right slightly and inch out slightly, I then checked my blind spot again and that is where a motorcycle suddenly appear and ride towards my vehicle. The rider then sidewipe my vehicle hitting the right side mirror and one part of the motorcycle hooked onto my vehicle bumper. Resulting to ripe off the bumper.

The rider then fall down. I alight from my vehicle and make a check on him. I then called for Ambulance.

Shortly after ambulance and traffic police arrived. The rider was conveyed to Raffles hospital. The Traffic police had took my In car camera memory card and I was issued a acknowledgment slip.

Police report



**SINGAPORE
POLICE FORCE**



T/20190318/2158

Police Station Of Origin:
Joo Chiat NPP
267 Onan Road SINGAPORE 424773
Tel No: 1800-3459999

3 of 3

Report No. T/20190318/2158

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 LIM XI HAO, NICHOLAS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/03/2019 19:17

Officer In Charge Of Case:
TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No.: 65474885




Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

NRIC

PUBLIC OF SINGAPORE
IDENTITY CARD NO. S1312358F



Name
CHIA LEE SOON

謝理順

Race
CHINESE

Date of birth
23-02-1958

Sex
M

Country of birth
SINGAPORE