

Surveyor

REF: CS3/MSG19008628/Gsd3-2

Special Instruction:

1/3: \$6,800.00

## ASSIGNMENT (Office)

From (Person): Christina Wong of MS19 Date/Time: 3/9/2019  
 Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

Third Parties:

Claimant:

Surveyor: PAR AutomotiveWorkshop: Sau Huck Motor

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SLB 6685G Insured: FBC 1357A  
 at Workshop m/s: Sau Huck Motor Tel: 9109 8638 (Robert)  
 of: 10 AMK Ind. Park 2A #02-14  
 Policy No: MSD/VMT/18-389692 Claim No: MBC/V/19-000561  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 Make of Veh: \_\_\_\_\_ D.O.A. 11/05/2019  
 (Client's Record)

11/09/2019 @ 1pm Sharp

H.O.D. Endorsement/Date: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT

Date/Time: \_\_\_\_\_ Confirmed with \_\_\_\_\_ Final Fig \_\_\_\_\_ days (Red \$ \_\_\_\_\_ / %; Original 8 days)  
 Date/Time: 11/9 Submit Final Fig 2400 5 days (Red \$ 3,800/- / 56 %; Original 8 days)

Date/Time	Action/Instruction
	<u>SLB 6685G - CS3/MSG19008628/Gsd3-2-1</u> Don: <u>11/5/2019</u>
	<u>FBC 1357A - CS3/MSG19008628/Gsd3-2-1</u> Don: <u>11/5/2019</u>

RECEIVED 13 SEP 2019

Do Not Finalise

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)

Para(3) : Nett Value

Market Value : \_\_\_\_\_

Salvage Value : \_\_\_\_\_

Nett Value : \_\_\_\_\_

Inspected/  
Evaluated by:

Fee Charged:

Basic & Add  
 Transport  
 Photos  
 Others  
 Total

Date:

150

150

1) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

2) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_

3) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

4) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_

5) Date/Time \_\_\_\_\_ File Pass to \_\_\_\_\_

6) Date/Time \_\_\_\_\_ File Return to \_\_\_\_\_



12/03/2001

ASS. REC. BY:

REP: 53/MSG19008622/ GC d3dp

Special Instructions:

SUNVA/01

GQ

ASSIGNMENT (Office)

From (Person): Christian Wong

of MS19

Date/Time: 15.5.19 16.16pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SIB 66854

Insured: FBC 1357A

at Workshop w/s Sau Hock motor

Tel: 91092632

of 10 AMP Industrial Part 20 #02-14

Policy No: MSD/VMT/18-329692

Claim No: M8C/V/19-000561

Sum Insured:

Excess:

Make of Veh:

D.O.A. 11.5.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

"43"

Date/Time: 15.5.19 4.26pm

Person Contacted:

Robert

H.O.D. Endorsement:

Vehicle: IN/OUT

Date/Time	Action/Instruction ( X ) Estimate
	SIB 66854 - x
	FBC 1357A - x
	Dismantle: 17/5/2019
	After repair: 21/5/2019

612.  
PRS

REF: MSI 4

87480

ASSIGNMENT

Date:

16.5.2019

Estimated Cost:

OD TP WS / TP RES / OD RES / EVA / RV / MV

To inspect Vehicle No: SLB 6685G

at Workshop n/s: Sau Hock Motor

at: 10 AMK Industrial Park 2A #02-14

Insured:

PRG

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

training

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Report:

Consistent? Yes or No

GIA / PR Seen:

Consistent? Yes or No

Est. Repair:

5

days

Res:

Yes or No

Lum Sum:

%

X Val:

Yes or No

CA / REV / REP. / 24 HRS

"up"

Vehicle: IN / OUT

Date:

Person Contacted

Veh No:

SLB6685G

18 Apr 2016

Type: M/Cab / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Honda Vezel 1.5X 0.0 1496

Colour:

silver

A/C: Insured / Std / NI / NA

Sp. Reading:

43640

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RU 11113153

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

215/60 R16

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal:

6

mm

R/Bal:

6

mm

L/Bal:

6

mm

L/Bal:

6

mm

D.O.A.

D.O.I.

16-05-19

Survey held at

w/s

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

4:30pm

4:30pm

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

Date / Time:

Agon / Instruction

\$4000 - \$5000

17/5/2019

Date/Time, File Pass to:

☐

Prefi. Report

☐

Final Report

11

Date/Time, File Return to:

21

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

120

Transportation

1 - 2 - 3 - 4

Phone

Office

11

TOTAL

131

Report Format:

PRG

Lump Sum / L.B.L: (\$)

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Inva (\$)

☐

Weekend (\$)

## Nivitha (LKK Auto)

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**From:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>  
**Sent:** Tuesday, 3 September 2019 11:58 AM  
**To:** assignments  
**Subject:** FW: Re - Inspection 11-9-19 1 pm Our ref:MSC/V/19-000561 TP SLB6685G

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

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**From:** Christina Wong <Christina\_Wong@sg.msig-asia.com>  
**Sent:** Tuesday, 3 September 2019 11:30 AM  
**To:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>  
**Subject:** FW: Re - Inspection 11-9-19 1 pm Our ref:MSC/V/19-000561 TP SLB6685G

Dear Veron

Please confirm reinspection we have sendback the report through Merimen.





Please let us know who is the surveyor going down and contact no. we have to let TP lawyer know

Thanks

Best Regards

Christina Wong  
Senior Executive, Claims Services (Motor)  
Direct line +65 6643 1311 | Direct fax +65 6225 7402 | [christina\\_wong@sg.msig-asia.com](mailto:christina_wong@sg.msig-asia.com)



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | <http://www.msig.com.sg/> | Follow us on    

A member of  INSURANCE GROUP

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**From:** tonygn tonygn [<mailto:tonygn18@hotmail.com>]  
**Sent:** Monday, 2 September, 2019 6:53 PM  
**To:** Christina Wong <[Christina\\_Wong@sg.msig-asia.com](mailto:Christina_Wong@sg.msig-asia.com)>; Sau Hock Tan <[sauhock@live.com](mailto:sauhock@live.com)>  
**Subject:** Re - Inspection 11-9-19 1 pm

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EXTERNAL EMAIL: Be careful when you click any links or open any attachment(s).

MSC/V/19-000561  
NPK/TG/ACC G 445 - 19 SH

2 September 2019      **WITHOUT PREJUDICE**

*Robinson Office*

101, Cecil Street, 19 - 03

Tong Eng Building

Singapore 069533

Tel: (65) 6323 1261

Fax: (65) 6323 0860

**Motor Claims Department**

**MSIG Insurance (SINGAPORE) Pte. Ltd.**

No. 4, Shenton Way,  
SGX Centre 2, #21 - 01  
Singapore 068807.

**EMAIL**

**Attention :- Miss Christina Wong**

**Dear Sirs,**

**RE:- Accident involving vehicles Nos. SLB 6685 G/FBC 1357 A**

We refer to your letter dated 13 August 2019.

Please be informed that the re-inspection on our client's Vehicle will take place as follows :-

1. Date            :-            **11 September 2019;**
2. Day            :-            **Wednesday;**
3. Time           :-            **1 p.m. (Sharp)**
4. Place          :-            Sau Hock Motor Service;
5. Address       :-            Blk. 10, #02 - 14,  
                                      AMK Autopoint  
                                      AMK Industrial Park 2A,  
                                      Singapore 568047;
6. Tel (H/P) :-            **91098638;**
7. Contact :-            **Mr. Robert.**

Kindly acknowledge the above said letter via email to you and let us know your appointed surveyor together with his contact number **latest within 3 days** Upon receiving this email.

If you have any queries on the above matter, please contact our Mr. **Tony Gn** at telephone no. 9221 - 7272 **Or 6283 - 5919** (Fax) **Or** [tonygn18@hotmail.com](mailto:tonygn18@hotmail.com).

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# PAR Automotive Consultancy

Regn. No: 52986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 645 31173, Fax : 645 36131.

Report No: 0279-19-SHM

24 May 2019

Lim Eng Hiong Joseph  
Blk 553 Ang Mo Kio Ave 10 #06-1992  
Singapore 560553

**INVOICE No.** 0279-19-SHM

**Vehicle No.** SLB6685G

<u>S/NO.</u>	<u>SERVICES RENDERED</u>	<u>Amount due</u>
1	Being accident vehicle appraisal services, transport, photographs and re-inspection (work in progress and post repair inspection).	\$697.00
<b>Total amount payable</b>		<b>\$697.00</b>

Kindly cross your cheque in favour of "PAR Automotive Consultancy"

We thank you in anticipation for your prompt payment.

• PAR Automotive Consultancy





# PAR Automotive Consultancy

Regn. No. S2986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel : 645 31173, Fax : 645 36131.

Report No: 0279-19-SHM

• 24 May 2019

## ACCIDENT VEHICLE SURVEY REPORT

Lim Eng Hiong Joseph  
Blk 553 Ang Mo Kio Ave 10 #06-1992  
Singapore 560553

### VEHICLE INFORMATION:

Vehicle Reg No.:	SLB6685G	Odometer:	043640km
Make & Model:	Honda Vezel 1.5X A	Colour:	Silver
Chassis number:	RU11113153	Date of accident:	11/05/2019
Year of Regn.:	18/04/2016	Date inspected:	13/05/2019
Repairer at:	Sau Hock Motor Services	Date inspected (After Repair):	21/05/2019
	Blk 10 Ang Mo Kio Ind Park 2A #02-14		
	AMK AutoPoint		
	Singapore 568047		

### STATIC CHECKS, where applicable:

Steering :	serviceable
Footbrake :	serviceable
Handbrake :	serviceable
Paintwork :	Good
General condition :	Good

### TIRE CONDITION:

	<u>LH / Make</u>	<u>RH / Make</u>	<u>Size</u>
Front:	6mm/Dunlop	6mm/Dunlop	215/60R16
Rear:	6mm/Dunlop	6mm/Dunlop	215/60R16

### POINT OF IMPACT AND DAMAGE, where applicable:

Impact on the rear portion.  
Please see details as described in the Annex for parts and labour.

### REMARKS:

• We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.

# PAR Automotive Consultancy

## Parts and Labour Assessment

Report No: 0279-19-SHM

Vehicle No: SLB6685G

Description of part	Qty	Condition as inspected	Repairer's estimate	Our adjustment
Rear bumper	1	squashed	762.70	/ 762.70
Rear bumper RH/LH	2	deformed	390.00	X 390.00 SVC
Rear bumper reflector RH/LH	12	fractured	282.20	141.1 282.20
Rear bumper side retainer RH/LH	2	necessary	44.00	X 44.00 SVC
Rear end panel	1	buckled	415.60	X 415.60 Repin
Rear end panel inner tailgate antenna sensor	1	reuse	85.00	0.00
Rear end panel lower under cover	1	reuse	190.00	0.00
Rear end panel outer buzzer	1	reuse	80.00	0.00
Tailgate	1	buckled	953.30	/ 953.30
Tailgate logo "Honda"	1	necessary	25.00	X 25.00 SVC
Tailgate emblem "Vezel"	1	necessary	56.20	/ 56.20
Tailgate mechanism lock	1	bent	157.50	/ 157.50
Rear number plate lamp RH/LH	2	fractured	77.00	X 77.00
Tailgate outer garnish	1	fractured	220.00	X 220.00
Tailgate outer garnish clip - set	11	necessary	71.50	X 71.50
Tailgate outer lock handle switch	1	shorted	175.50	X 175.50
Tailgate reflector lamp back rubber gasket RH/LH	2	necessary	37.00	X 37.00
Tailgate reflector lamp clip RH/LH	6	necessary	39.00	26 39.00
Tailgate reflector lamp RH/LH	2	fractured	826.40	26.2 826.40
Tailgate rubber guide stopper RH/LH	2	deformed	25.00	X 25.00 SVC
Tailgate weatherstrip	1	deformed	96.80	67.9 96.80
Tailgate windscreen moulding	1	necessary	120.00	/ 120.00
Rear tail lamp back rubber gasket RH/LH	2	necessary	130.60	X 130.60
Rear tail lamp clip RH/LH	8	necessary	52.00	X 52.00
Rear tail lamp inner panel RH/LH	2	repair	270.00	0.00
Rear tail lamp RH/LH	2	fractured	949.20	X 949.20 SVC

Subtotal before discount

6,531.50 5,906.50

Percentage discount 0% and 20%

0.00 1,181.30

Sub-total 1

6,531.50 4,725.20

2077.7  
2587.7  
2%: 2077.7  
2166.6

2587.7  
2%: 2070.16

# PAR Automotive Consultancy

Rear bumper clip - set	1	necessary	30.00	/	30.00
Rear bumper reverse sensor	1	shorted	350.00	200	300.00
Tailgate reverse camera	1	shorted	550.00	X	550.00 SVC
Tailgate inner trim board clip - set	1	necessary	30.00		30.00
Rear number plate c/w holder	1	reuse	50.00	SVC	0.00
Tailgate windscreen sealant	1	necessary	100.00	60	100.00
Subtotal before discount			1,110.00		1,010.00
Percentage discount 0% and 0%			0.00		0.00
320			Sub-total 2	1,110.00	1,010.00
			Parts-total	7,641.50	5,735.20

## LABOUR

1. To straighten and panel beating rear fender RH/LH, rear boot floor panel and rear frame members. To cut and weld rear end panel. To remove and refit above parts.	1,600.00	1,250.00	600
2. To putty, re-spray painting and polish affected areas.	1,500.00	1,320.00	600
3. To check and rectify wiring system.	80.00	50.00	30
4. To remove and refit rear windscreen.	150.00	120.00	100
5. To rust proof affected areas.	120.00	60.00	1390
Labour total		3,450.00	2,800.00
Parts & Labour total		11,091.50	8,535.20

Results of inspection of the accident vehicle are as shown above.

We have taken into consideration the age and condition of the vehicle in our recommendation.

Hence, the recommended cost of repairs based on LUMP SUM repairs is : \$6,800.00  
and the recommended number of working days for the repairs is : 8

B J Loi (I Eng. MIM, AIRTE)  
Automotive Appraiser

3780.16 3876.16 3780.16  
246.1 3000 3100 3000

## 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	13/05/2019 10:59
Date Of Accident	11/05/2019 19:55
Exact Location Of Accident	ROCHOR CANAL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB6685G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM ENG HIONG JOSEPH
NRIC No	S0188748C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90254773
Alternative Phone No	OTHERS-96744320
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	VEZEL 1.5X A
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108534644
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM ENG HIONG JOSEPH
NRIC No	S0188748C
Date Of Birth	26/08/1950
Occupation	INDOOR
Date Of Driving Pass	23/01/1981
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90254773
Fax Number	
Contact Number	OTHERS-96744320

Address	BLK 553 ANG MO KIO AVENUE 10 #06-1992
Postcode	560553
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 (including own vehicle) 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)	2
Passenger 1	NAME: : CHUA LEE BUEH 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 ACCIDENT STATEMENT AS ATTACHED.

#### 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	FBC1357A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TAMILARASAN SUBURAYAN
NRIC/Passport Number	03551581
Contact Number	98530618
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

## 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: 13/05/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

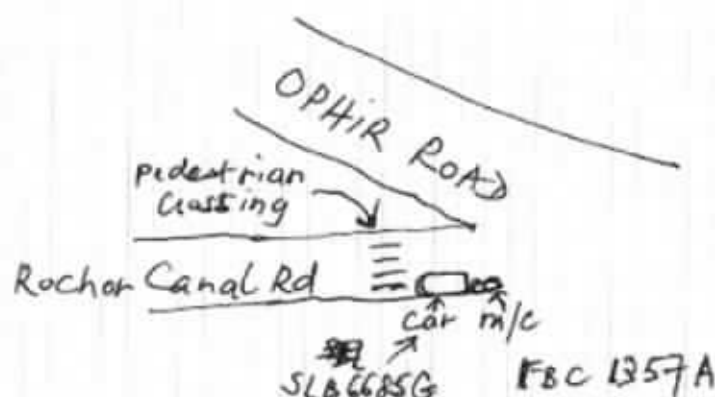
Name: JOALE TAN

NRIC/FIN No.: AMK AUTOPPOINT PTE LTD

13.05.2019

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While turning into ~~into~~ Minot Road Rochor Canal just before Zebra Crossing I stop my vehicle to allow an elderly man to cross. M/c suddenly hit from behind with heavy force. No injury on both sides.

### 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: Joelle Tan  
NRIC/TIN No.: AME AUTOPUNT PTE LTD

Accident Photo





Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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	13/05/2019 13:39
Date Of Accident	11/05/2019 19:30
Exact Location Of Accident	ROCHOR CANAL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBC1357A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BEE TECK INTERNATIONAL PTE LTD
Co Reg No	0
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83422630
Alternative Phone No	OFFICE-83422630
<b>Vehicle Particulars</b>	
Manufacturer	PIAGGIO
Model	X8 200-198CC (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMT/18-389692-CA
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAMILARASAN SUBURAYAN
NRIC No	G5245138N
Date Of Birth	17/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83422630
Fax Number	
Contact Number	OFFICE-83422630

Address	6D MANDAI ESTATE #08-10 M-SPACE
Postcode	S729938
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 - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	
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 SEE 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	SLB6685G
Vehicle Make/Model/Colour	HONDA
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 Pg. 1

### 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:

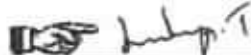
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

IDAC BUKIT BATOK (INC)  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6560 0722  
Email: vacbb@singnet.com.sg

13 MAY 2019



Policyholder's Signature  
Date & Time:

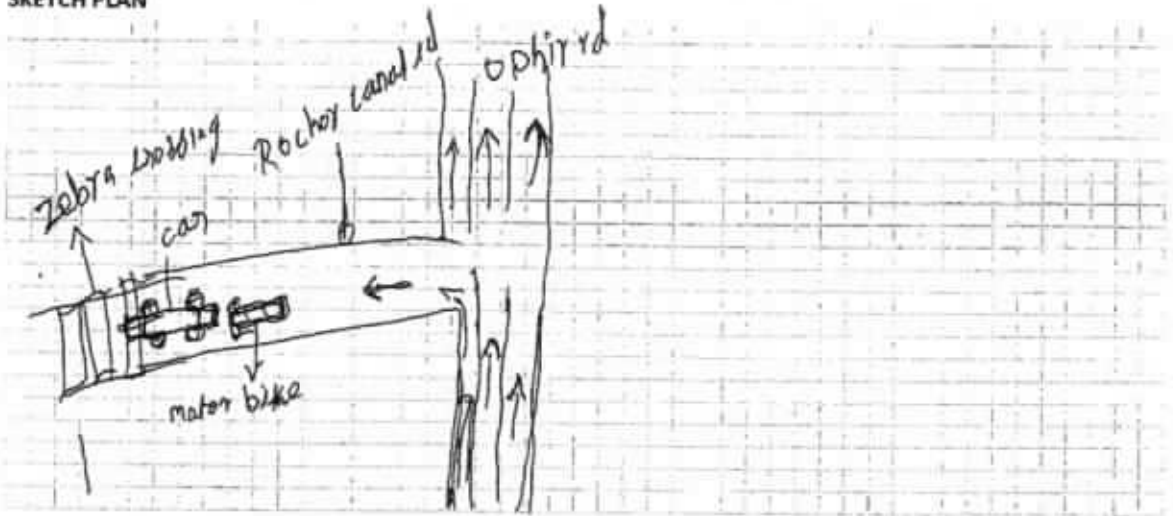


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on Saturday 11th May night time 7.50pm I am traveling in Ophir rd in front of me a car also traveling he also take left in Rochor Canal Rd i am also take left zebra crossing suddenly people run way that time in front of me car he put brake i also put brake to stop but can't control so i hit the car back side door. no injuries happened i am alright. The other party car num [SLB 6685G] my vehicle num [EBC 1357A]

## DECLARATION

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

13 MAY 2019

Policyholder's Signature  
Date & Time:

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

IDAC BUKIT BATOK (VAC)  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6569 0722  
Email: vacbb@singnet.com.sg

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

Accident Photo



Accident Photo



03/14/2019 20:29

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

