

ASS. REC. BY:

REF:

CS/SM019015943/Agf3

Special Instruction:

Survivor: Adrian

ASSIGNMENT (Office)

From (Person): Goh Pau Loong of SMO Date/Time: 9.9.19 16.20p.m.

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SKM 286T Insured: SJV 8445M

at Workshop m/s AG Autolution Tel: 68441184

of 13 km Bukit road 4 #03-29

Policy No: D19MTPV 01003377 Claim No: CMTD190 4257

Sum Insured: Excess:

Make of Veh: D.O.A. 8.9.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 9.9.19 4.47pm Person Contacted: Jenny H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time Action/Instruction (✓) Estimate

SJV 8445M - X

SKM 286T - X

10/9/19 @ 5.20pm informed Goh Pau Loong, we are pending estimate from repairer.

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	09 Sep 2019		09 Sep 2019 16:20 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:		CHOONG CHEE SAN, ID: S7126965E [Created by insurer]							
Main Claimant:		GOH GUANYUAN							
Vehicle Reg. No.:		SKM286T	Date of Loss:	08/09/2019 08:00 - :59					
Claim Type:		TP / CMTD1904257	Policy/Cover Note No.:	D19MTPV01003377 (Third Party Only)					
Vehicle Reg. No. (Insured):		SJV8445M	Policy No. (Claimant):						
		Excess:							
Repairer:		Ace Autolution Pte Ltd (KAKI BUKIT) 13 Kaki Bukit Road 4, #03-29/30 Bartley Biz Centre, 417807 Kaki Bukit - Tel: 68441184							
Handling Insurer:		Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by GNOH PAU LOONG - 63295217]							
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 18/09/2019]							
Adj Asg. Remarks:		WS: JENNY/SHU WEN :6844 1184 / 9657 2134 -PLEASE BE INFORMED THAT OUR INSURED HAS NOT REPORTED THE ACCIDENT -NO TP SAS SUBMITTED							
ASSOCIATED MAIL RECEIVED									
There are no mail for this case.			View All	Compose Case Mail					
ALL ASSOCIATED TASKS									
Due Date	Priority	Type	Task Group	Subject	Handler	View All	Search Tasks	Create New Task	Complete
No results.						Assigned By	Completed On	Created On	Done?

Shiau Chan (LKKAuto)

From: Do-Not-Reply <do-not-reply@merimen.com>
Sent: Tuesday, 10 September 2019 5:20 PM
To: do-not-reply@merimen.com
Cc: SUR
Subject: TP VEHICLE SKM 286T (YOUR REF: CMTD1904257)

This mail is associated with :

***SKM286T (CMTD1904257)**

[SJV8445M]

TP

GOH GUANYUAN

Sep 8 2019 8:00AM

[CHOONG CHEE SAN]

Ace Autolution Pte Ltd

Dear Pou Loong,

Please be informed that we have inspected the vehicle SKM 286T on 10/09/2019.

We are pending for estimate from repairer.

Thanks & Regards,

Shiau Chan (Ms)
LKK Auto Consultants Pte Ltd
Tel: 6256 3561

This is an auto-generated email. Do not reply to this email.

Sent by : SHIAU CHAN (LKK Auto Consultants Pte Ltd)



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	09/09/2019 14:43
Date Of Accident	08/09/2019 08:00
Exact Location Of Accident	JURONG WEST STREET 82 TWRDS JURONG WEST ST 81
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM286T
Insured/Policyholder	
Name Of Registered Owner	GOH GUANGYUAN(WU GUANYUAN)
NRIC No	S8206115J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90624396
Alternative Phone No	OTHERS-90624396

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	9VPCP1851320
Cover Note Number	

Driver

Name of Driver	GOH GUANGYUAN(WU GUANYUAN)
NRIC No	S8206115J
Date Of Birth	22/02/1982
Occupation	INDOOR
Date Of Driving Pass	04/07/2005
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90624396
Fax Number	
Contact Number	OTHERS-90624396
Email Address	NOEMAIL

Address	BLK 439A BUKIT BATOK WEST AVENUE 08 #10-989
Postcode	651439
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: : ANNIE WAN MEIQI 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

REFER TO BELOW STATEMENT/SKETCH PLAN ATTACHED;

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV8445M
Vehicle Make/Model/Colour	CHEVROLET / AVEO 1.4AT 5DR T255
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GIOVANNI CHONG YUE JUN
NRIC/Passport Number	
Contact Number	96278558/83187632
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

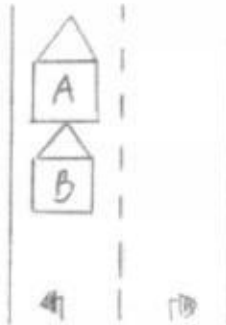

Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Reporting Centre Personnel's Signature
Name: Tel: 67492305
NRIC/FIN No.: Fax: 67492305
Email: vackb@singnet.com.sg

09 SEP 2019

Accident Sketch Plan

SKETCH PLAN



Vehicle A = SKM 286 T

Vehicle B = SJV 8445 M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/9/2019 at 0800 A.M, I was stationary at Jurong West street 82 towards Jurong West street 81 when traffic light was red. Suddenly, vehicle B (SJV 8445 M) collided my vehicle rear portion.

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:

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Reporting Centre Person's Signature
Name: Tel: 67416697
NRIC/FIN No.: Fax: 67492305
Email: vacbh@singnet.com.sg

09 SEP 2019