

ASS. REC. BY:

REF: 08/MSG19022778/AMVd3

Special Instruction:

Surveyor: Adnan

## ASSIGNMENT (Office)

From (Person): Chhia Nyuk pui of MSIG Date/Time: 27/12/19 @ 9.39am

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SMO 439A Insured: GY 1045Aat Workshop m/s Ace Auto Motion Tel: 68441184of 13 kuki Bukit Road 4 # 03-29Policy No: A28660525 Mke Claim No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 16/12/2019  
(Client's Record)CA / REV / REP. / REV 24 HRS lup H.O.D. Endorsement: \_\_\_\_\_Date/Time: 11:29am @ 27/12/19 Person Contacted: Anna Vehicle IN OUT

Date/Time	Action/Instruction	Estimate	Check	who	survey
	<u>SMO 439A -X</u>				
	<u>GY 1045A -X</u>				
<u>20/5/20</u>	<u>Adnan confirmed LS \$ 1200 (Red 6516.40, 849)</u>				



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	26 Dec 2019 16:53		27 Dec 2019 09:39 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
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### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	LONG HUAT ENGINEERING WORKS, Co. Reg. No.: 22001500K		
Main Claimant:	FENG YING, ID: S88755211		
Vehicle Reg. No.:	SMQ439A	Date of Loss:	16/12/2019 11:00 - :59 [1 Months and 17 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	A28660525MKC (TP, Fire & Theft) Coverage: 09/01/2019 - 08/01/2020
Vehicle Reg. No. (Insured):	GY1045A	Policy No. (Claimant):	CN:0100219
		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:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]		
Claimant's Insurer:	Liberty Insurance Pte Ltd (HQ) - Tel: (65) 6221 8611		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 28/12/2019]		
Driver/Custodian (Insured):	QUEK JEE WAH (70 / Male) , NRIC: S0523174D, Tel: +6596279073 Email: NOEMAIL		
Adj Asg. Remarks:	on WP, Liab: unclear. Agree on SJE. Assign: LKK Auto Consultants Pte Ltd. Contact: Jenny or Shu Wen @ 6844 1184 / 9657 2134.		

### ASSOCIATED MAIL RECEIVED

[View All](#)

[Compose Case Mail](#)

There are no mail for this case.

### ALL ASSOCIATED TASKS

[View All](#)

[Search Tasks](#)

[Create New Task](#)

[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									



## 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	16/12/2019 18:43
Date Of Accident	16/12/2019 11:40
Exact Location Of Accident	265 CHANGI ROAD TOWARDS PAYA LEBAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ439A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FENG YING
NRIC No	SXXXX521I
Email Address	FENGYANG0523@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85002007
Alternative Phone No	OTHERS-85002007
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	FIT 1.3GF 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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN:0100219
Cover Note Number	CN:0100219
<b>Driver</b>	
Name of Driver	FENG YING
NRIC No	SXXXX521I
Date Of Birth	27/07/1988
Occupation	INDOOR
Date Of Driving Pass	10/06/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85002007
Fax Number	
Contact Number	OTHERS-85002007
E-Mail Address	FENGYANG0523@GMAIL.COM

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<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	FIT 1.3GF CVT
Exact Purpose for which vehicle was being used at time of accident	
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If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN:0100219
Cover Note Number	CN:0100219
<b>Driver</b>	
Name of Driver	FENG YING
NRIC No	SXXXX521I
Date Of Birth	27/07/1988
Occupation	INDOOR
Date Of Driving Pass	10/06/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85002007
Fax Number	
Contact Number	OTHERS-85002007
Email Address	FENGYANG0523@GMAIL.COM

Address	BLK 47 CIRCUIT ROAD #07-695
Postcode	370047
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	SIDE SWIPE
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)	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 ATTACHED;

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY1045A
Vehicle Make/Model/Colour	TOYOTA / LITEACE 4DR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	QUEK JEE WAH
NRIC/Passport Number	SXXXX174D
Contact Number	96279073
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	





## Accident Sketch Plan

### SKETCH PLAN

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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.

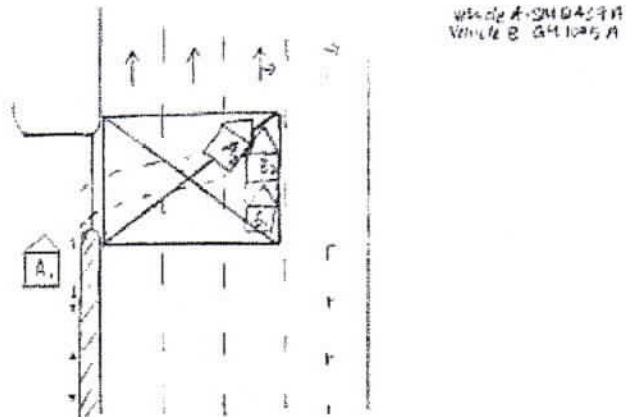
  
Policyholder's Signature  
Date & Time:

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 674 16697 Fax: 674 92305  
Email: vac@idac.com.sg  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16 Dec 2019, I was stationary within the yellow box after I have driven out from slip road as the traffic was congested and the traffic light is red. The moment the traffic light turns green, vehicle B (6Y1085A) moves off and collided into my vehicle when I was still stationary.

## 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 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Reporting Centre Personnel's Signature  
Name:  
NRC/FIN No.: