

22/03/2002

ASS. REC. BY:

REF:

C8/SMO20003333/dg

Special Instruction:

Surveyor: BryanASSIGNMENT (Office)From (Person): Ye Yangkeng Melvinof SMODate/Time: 28/2/2020 @ 1:48pm

Estimated Cost: \_\_\_\_\_

Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

FBN 46824

Insured: \_\_\_\_\_

SMO 2420P

at Workshop m/s \_\_\_\_\_

SG 98 Motor

Tel: 6452 4898

of \_\_\_\_\_

BLK 4001 #01-21 Amk Ind. park

Policy No: \_\_\_\_\_

Claim No: \_\_\_\_\_

CMTD 2000920/RUC

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

Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_

(Client's Record)

D.O.A. 27/02/2020

CA / REV / REP. / REV 24 HRS

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

Date/Time: 2:01pm @ 28/2/2020

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

Rose

Vehicle IN OUT

Date/Time	Action/Instruction
	<u>Johnnie</u> ✓
	FBN 46824-X
	SMO 2420P-X
4/3-	Sent revised via email.

ASS. REC. BY:

REF:

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

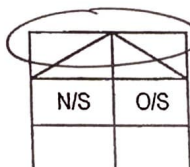
Claims No. \_\_\_\_\_

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: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Veh No: FBN 4682H Yr Regn: Oct, 2018Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Piaggio Vespa C.C. 155Colour: Grey A/C: Insured / Std / NI / NASp. Reading: 14887 T/Radio: Insured / Std / NI / NAEng/No: MA32M5001621C/No: ZAPMA32000001602Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 120/70 R12R: 130/70 R12

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

TOYO / YOKO or Michelin

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm

D.O.A. 27/02/2020 D.O.I. 02/03/2020Survey held at SG98 Motor AMIC

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

Front

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Sompo 3MQ 2420P</u>
	<u>MV 8K</u>
	<u>LTA 3.2K</u>
	<u>NL 4.8K</u>
<u>16/04/2020</u>	<u>from 1/5 1550/- with 3 days of rev.</u> (Red \$1631, 51%)

Date/Time, File Pass to?

1) 17/04 Typist

Date/Time, File Return to?

2)

Report Format: TPLump Sum / H.R. / % 1550Days Of Repair: 3Resurvey No. of Trip: 2

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) ☐ : S + RS. SI☐ : Interview (\$ \_\_\_\_\_) ☐ : Photos☐ : Tech. Invs (\$ \_\_\_\_\_) ☐ : Others☐ : Weekend (\$ \_\_\_\_\_)

TOTAL





Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: CMTD2000920/RUC

Date: 04/03/2020

Our Ref: CS/SMO20003333/Dqd3

The Motor Claims Department  
SOMPO INSURANCE SINGAPORE P

Dear Sirs/Mdm

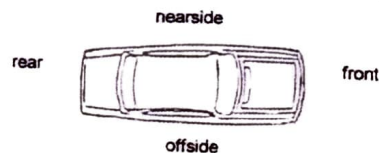
**PRELIMINARY ADVICE OF VEHICLE NO. FBN 4682H .**

Please be informed that we had conducted the inspection of the above-mentioned vehicle on 02/03/2020 at the premises of M/s SG 98 MOTOR and have the following to report: -

Workshop Estimate Amount	: S\$ 935.00(LABOUR ONLY)
Revised Estimate Amount	: S\$ 350.00
"Check" Items Amount	: S\$ 0.00
Market Value	: S\$
LTA Reimbursement Value	: S\$ -
Nett Value	: S\$ -

**Description of Damage:**

The vehicle sustained damages at the front portion.



Repair days: 3

**Comments/ Present Status:**

Damages Consistent.

Pending part price

Yours faithfully

Bryan Ang

Automotive Assessor

## 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	27/02/2020 10:18
Date Of Accident	27/02/2020 08:25
Exact Location Of Accident	CORPORATION PLACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN4682H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KWOK WING HONG FABIAN
NRIC No	SXXXX533J
Email Address	FABIANNKWH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91597894
Alternative Phone No	OTHERS-91597894
<b>Vehicle Particulars</b>	
Manufacturer	PIAGGIO
Model	VESPA GTS 150
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104657799-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	KWOK WING HONG FABIAN
NRIC No	SXXXX533J
Date Of Birth	17/03/1989
Occupation	INDOOR
Date Of Driving Pass	27/11/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91597894
Fax Number	
Contact Number	OTHERS-91597894
EEmail Address	FABIANNKWH@GMAIL.COM

Address	BLK 613 ANG MO KIO AVENUE 4 #09-1081
Postcode	560613
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?	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 - TYPE OF ACCIDENT - HEAD TO SIDE

#### 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	SMQ2420P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIPSEY II PERCY JAMES
NRIC/Passport Number	GXXXX734R
Contact Number	81239276
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

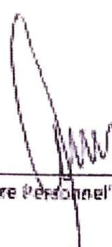
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 purposes 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.

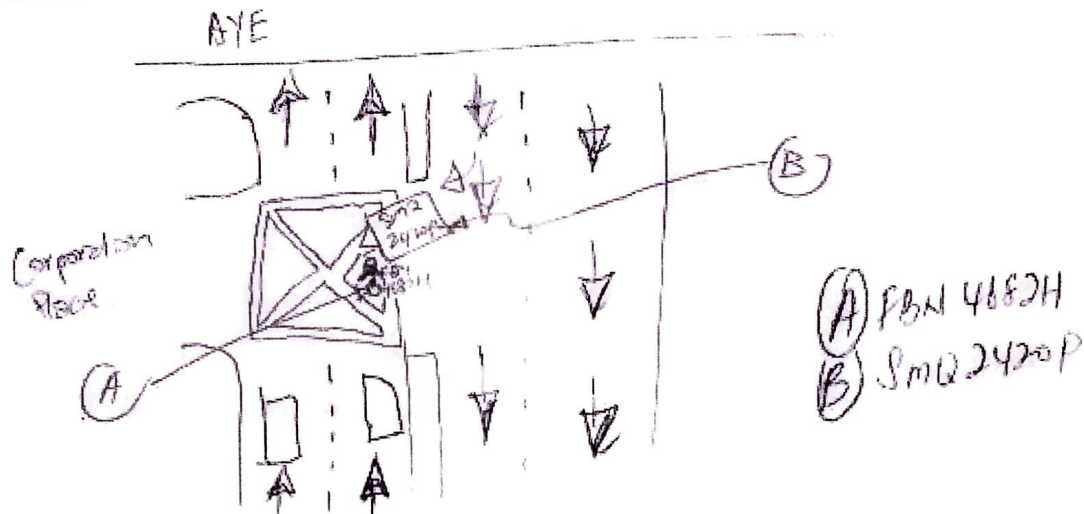
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time: 27/02/2020  
09:05 hrs

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/TIN No.:

## Sketch Plan #2

### SKETCH PLAN




### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was heading towards AYE along Corporation Place. At the junction where Corporation Place, vehicle number SMQ 2420P was turning into Corporation Place from the opposite side of the road. I was unable to brake in time and knocked the corner of my car.

### DECLARATION

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

  
Policyholder's Signature  
Date & Time: 27/01/2020  
09:20 hrs

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

  
Reporting Centre Personnel's Signature  
Name  
NRIC/ID No.