ASSIGNMENT

From Date:	veh No: SMM2111C Yr Regn: 2019/June			
Estimated Cost:	Type M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /			
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or			
To Inspect Vehicle No:	Make: Hyundari, Avante c.c 1591			
vt Morkshap m/s	Colour Silves A/C: Insured / Std / NI / NA			
d	Sp.Reading 17046 T/Radio: Insured / Std / NI / NA			
Inquired	Eng/No:			
Delian No.	C/NO: KMHD841 CMK4807673			
Claims No.	Gen. Condy Good / Fair / Poor / Burnt			
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or			
(Client's Record)	Brake: Inforter / Jammed / Leaked / Burnt or			
Make of Veh:	Modi: Nil / s/Rim / STD A/Rim or			
were of ven.	Tyre Size: F: 195/65 R15			
(Policy Condition)	R: 185/65 R15			
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /			
repair at the time of inspection.	TOYO/YOKO or Nexen.			
Bal. or Market Value:	Front Rear			
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 76 mm			
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm			
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 09/06/20			
Lum Sum: % 3 Val.: Yes or No	Survey held at CS Motorwerkz.			
	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or			
CA / REV / REP. / 24 HRS Vehicle: IN / OUT				
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.			
Date / Time Action / Instruction				
TP Budget Direct.				
m∨ : lump sum \$12	00, 2days(Red: 9482.69;88%)			
PV:	00, 244,0(1104. 0102.00,007.)			
Nett :				
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 2			
OF STATE OF	Resurvey No. of Trip: Survey Fee:			
Date/Time, File Return to?	Transportation:			
2) Add Fee	:: Site Insp (\$)s+Pssi			
	: Interview (\$) Fhotos			
Report Forms:	:Tech. Invs (3) Others			
Lump Sum / LEU: C	: Westerni (4			
	1018.			

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 30/03/2020 16:46

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number **EMail Address**

- 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 witholding of material facts may allow insurance companies to
- 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 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.

aforesaid.	isent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/03/2020 16:42
Date Of Accident	26/03/2020 20:00
Exact Location Of Accident	SERANGOON GARDEN WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM2111C
Insured/Policyholder	SMINZTITO
Name Of Registered Owner	SOH BOON KENG
NRIC No	SXXXX882B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	(LOCAL) +65-91885712 OFFICE-91885712
Vehicle Particulars	OFFICE-91003/12
Manufacturer	HYUNDAI
Model	AVANTE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN048260
Cover Note Number	
Driver	
Name of Driver	SOH PEI WEN PEARLIN
NRIC No	SXXXX564H
Date Of Birth	18/03/1987
Occupation	INDOOR
Date Of Driving Pass	14/03/2008
Driving Experience	12 YEARS AND 0 MONTHS

FEMALE

NOEMAIL

(LOCAL) +65-91885712

Address

BLK 490A TAMPINES ST 45 #11-211

Postcode

520490

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? 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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TAMPINES NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-7818999 - FAX NO: 67838603

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20200327/2104.

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 Witness 1

Name

JERMAINE

Phone Number

92200541

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMJ7808J

Vehicle Make/Model/Colour

VEHICLE B

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 16

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formnust 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 Formby insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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)

- (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) w ho 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' law yers/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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the hourers law yers faw 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Personnel Policyholder's Signature / Date & & Time Time Garolen Sketch Plan Road

A: SMM 2111C

B: SMJ 7808J.

Sketch Plan #2 Pg. 1

^, ∋scribe Ci	rcumstances of the Accident
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	``````````````````````````````````````
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claration	
le declare th	e foregoing particulars are true in every respect.
	July 36/03/20
	Signature / Date & Driver's Signature (If driver is not the policyholder) / Date  Witnessed by Reporting Centre Personnel
ne ne	Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time  Driver's Signature (If driver is not the policyholder) / Date Personnel 2 3 3
	<i>→</i> (c
	0.0
	Insurance Co.  RM M 2/1/C Data Calcadard 26, 03, 80
	Vehicle NO. SMM ALLC Date Of Accident 26, 03, 80
	Reporting Only
	Own Damage Claim
	- Communication of the communi

# Sketch Plan #3 Pg. 1





T/20200327/2104

1 of 3

Report No. T/20200327/2104

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2020 18:37  Informant's Particulars  Name of Informant: SOH PEI WEN, PEARLIN  ID Type / ID No.: NRIC NO / S8707564H  Nationality: SINGAPORE CITIZEN			Vide Report No.:	Station Diary No.:		
			Address: APT BLK 490A TAMPINES STREET 45 #11-211 SINGAPORE			
			520490 Contact No.: Home/Office: Email:	Mobile: 91885712		
Sex: Female	Age: 33	Date of Birth: 18/03/1987	Type of Informant:			
Race: Chinese Occupation: VIDEO EDITOR		,	Language: English	Institution / School Name:		
			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/03/2020 20:00	Type of Location
nearby The S	I GARDEN WAY	itlet, Serangoon Gar	den Way Service Road	d (S0064), first car par
ot on the right Weather:	near the carpark exit. (	Parallel Parking) Road Surface:		
		Dry		
Clear		Dry		Road Speed Limit:
Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled		Traffic Volume: No Traffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	STATE OF THE PROPERTY OF THE PARTY OF	2	No of Passenger
SMJ7808J	Car	TOYOTA	VIOS 1.5E A		No	0
					Damage	
SMM2111C	Car	HYUNDAI	AD AVANTE	Silver	Slightly	0
			1.6 GLS (A)		Damaged	

## Sketch Plan #4 Pg. 1





Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE

2 of 3 Report No. T/20200327/2104

520461

Tel No: 1800-7818999

**CONTINUATION OF REPORT** 

## **Brief Details.**

On 26/03/2020 at about 1800hrs, I had parked my silver Hyundai Avante ( Reg No: SMM2111C) at the carpark lot on the right side near to the carpark exit. I was there to have a dinner with my friends. I did checked my vehicle exterior and affirmed that all are intact.

At about 2300hrs, I went to my vehicle and discovered a note place on the right side of my windscreen. The note state as follows:

'Hi owner of SMM2111C, I just witness a car hitting the back of your vehicle while reversing into the lot behind you, Carplate: SMJ7808J. The car was driven by a young lady and another female was also in the , car. The driver did not bother to leave a message and went off, Hence, I decided to drop this note. I have taken pictures. You may contact me at 92200541 (Jermaine).

I decided to proceed to look at the damages and discovered scratches on both side of the rear bumpers.

I did contact the witness the next day and told me what happened during the incident.

I decided to lodge a police report as the said driver did not leave a note to inform of the incident

## Sketch Plan #5 Pg. 1





Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

3 of 3 Report No. T/20200327/2104

Tel No: 1800-7818999 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:	Signature Of Informant:
Staff Sgt MUHAMMAD FIRDAUS BHOMISWAN	1 cel
Signature Of Interpreter:	Date/Time:
Not applicable	27/03/2020 18:37
and the second s	The second secon
Officer In Charge Of Case: STANGARDER	Classification Of Case:
TP / HRT / FRUCE TIERCE	
SI KALESWARI PALAN	
Contact No.: 65476902	
Authentication Stamp SIGN/FUEL	Service and the service control of the servic