

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop no/s: _____
 of: _____
 Insured: _____
 Policy No: DMCVSN19303019000
 Claims No: SNM20D202253C02
 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 Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res: Yes or No
 Lum Sum: _____ % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

N/S	O/S

Veh No: SLS2202D. (r Page) 2017 oct.
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Mazda CX5 cc 2488
 Colour: Bronze A/C. Insured / Std / NI / NA
 Sp Reading: S6235 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JM6KF2WLAJ0130202
 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 A/Rim or
 Tyre Size F: 225/55R19.
 R: 225/55R19.
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or
 Front Rear
 R/Bal. ob mm R/Bal. ob mm
 L/Bal. ob mm L/Bal. ob mm
 D.O.A. D.O.I. 03/07/20
 Survey held at TransEurokar
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 Front o/s.
 The U/C / Chassis frame / Body Structure affected due to collision

06/07/20@9.37am revised to Cecilia Low via Merimen.

08/10/20@2.06pm confirmed with Catherine Chua final fig \$ \$6775.40, 4 days (Red \$5871.20, 46%)

MV :
 PV :
 Nett:

Date/Time, File Pass to/

☐ : Preli. Report
☐ : Final Report

08/10 Typist

Date/Time, File Return to/

Days Of Repair: 4

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$) ☐ : Interview (\$) ☐ : Tech. Insp. (\$) ☐ : Road sign

Survey Fee.

Transportation

3-PS SI

Fluoro

Other

Report Estimate

MER-TP

6775.40

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	06/03/2020 16:41
Date Of Accident	06/03/2020 13:10
Exact Location Of Accident	KELANTAN ROAD CARPARK LOT65 AT SDCR29
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS2202D
Name Of Registered Owner	MR ONG HOE HUP
NRIC No	SXXXX748I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96262202
Alternative Phone No	OFFICE-96262202

Manufacturer	MAZDA
Model	CX-5-2.0 (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 THIRD PARTY

Vehicle Category PRIVATE CAR

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Name of Driver	MR ONG HOE HUP
NRIC No	SXXXX748I
Date Of Birth	01/08/1967
Occupation	INDOOR
Date Of Driving Pass	23/11/1984
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96262202
Fax Number	
Contact Number	OFFICE-96262202
Email Address	NOEMAIL

Address	224B COMPASSVALE WALK #15-645
Postcode	542224
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	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) 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)	0

Police Station

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Attachments of Accident

SEE ATTACHEMENTS

Accident Photos

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

Name	AHZE
Phone Number	90840401
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM6100R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

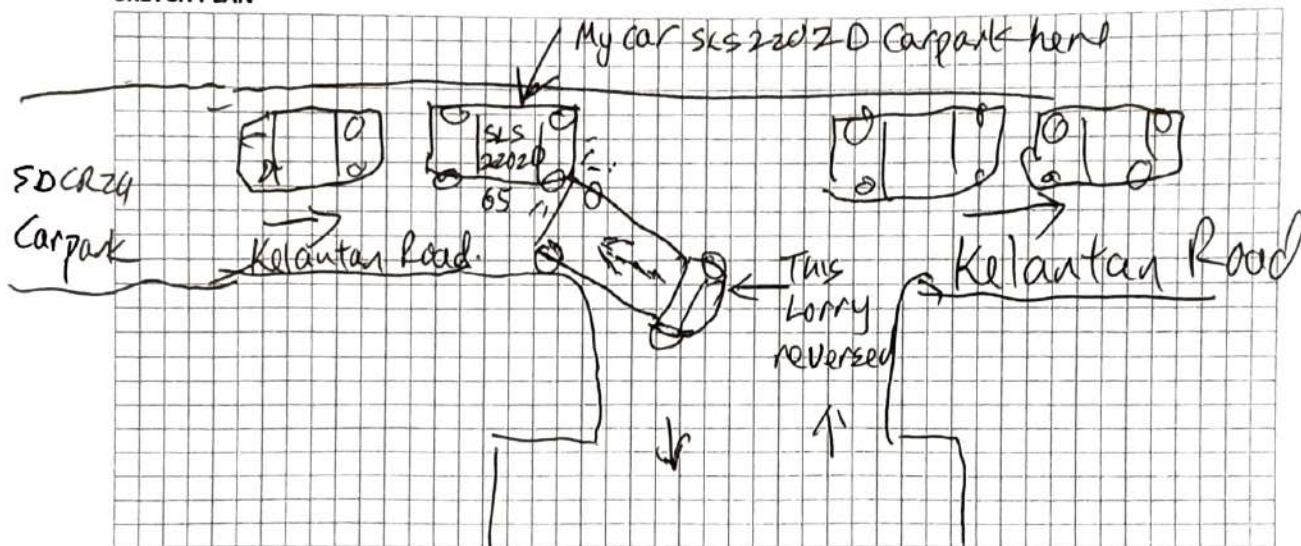
Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SLS 22020

ACCIDENT DATE: 6/3/2020

CONTACT NUMBER: 90202202

ACCIDENT TIME: 1:10pm

EMAIL:

LOCATION: Kelantan Road Carpark Lot 65 at SDCR29

On 6/3/2020 at about 1:00pm, I parked my car along Kelantan Road Lot number 65 Carpark number SDCR29, I was informed by an eye witness known Ahze (HP: 90840401) at about 1:30pm that my car was being hit by a dark blue colour Lorry with car plate number 726100.

The eye witness is not

The eye witness is not sure mentioned that about 1:10pm he tried to shout at the Lorry driver to ask him to stop but he immediately drove off after hitting my vehicle. My vehicle suffered dents and scratches on the fender, bonnet, bumper and headlight.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☐ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☒ REPORTING ONLY

DECLARATION

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

Policyholder's Signature

Date & Time: 6/3/2020

4:15pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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: 6/3/2020

4:15 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20200306/2088

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20200306/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/03/2020 15:12	Vide Report No.:	Station Diary No.: 101
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Informant's Particulars

Name of Informant: ONG HOE HUP	Address: APT BLK 224B COMPASSVALE WALK #15-645 SINGAPORE 542224
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ID Type / ID No.: NRIC NO / S18047481	Contact No.: Home/Office: Mobile: 96262202
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Nationality: SINGAPORE CITIZEN	Email:
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Sex: Male	Age: 52	Date of Birth: 01/08/1967	Type of Informant: Vehicle Owner
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Race: Chinese	Language:	Institution / School Name:
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Occupation: Sales Executive	Driving Licence Information: Class: 3 Date of Expiry:
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Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/03/2020 13:10	Type of Location:
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Location:
Along Road 1
KELANTAN ROAD

Parking Lot 65 parked at Kelantan Lane. Carpark number SDCR29

Weather:	Road Surface:	Road Speed Limit:
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Traffic Flow:	Traffic Volume:
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Type of Collision:	Anyone conveyed by ambulance: No
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SLS2020	Car	MAZDA	CX 5	Grey	Slightly Damaged	0
YL6100R (Not Accurate)	Lorry			Blue		0

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

08/10/20@2.06pm confirmed with Catherine Chua final fis \$6775.40 + 4 days (Red \$55871.2



**SINGAPORE
POLICE FORCE**



T/20200308/2088

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208878
Tel No: 1800-2949999

2 of 3

Report No. T/20200308/2088

CONTINUATION OF REPORT

Name	ONG HOE HUP		ID No.	S18047481
Related Vehicle	NIL		Contact No.	96262202
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: N/A
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 6/3/2020 at about 1.00pm, I parked my car along Kelantan Lane Lot number 65. Carpark Number SDCR29. I was informed by an eye witness known as AhZe (HP:9084 0401) at about 1.30pm that my car was being hit by a Dark blue lorry with number plate YL6100R. The eye witness is not sure of the last alphabet of the lorry because the lorry drove away really quickly. The eye witness mentioned that about 1.10pm, he tried to shout at the lorry driver to asked him to stop but he immediately drove off after hitting my vehicle. My vehicle suffered dents and scratches on the fender, bonnet and headlight. That is all.

YL 6100



**SINGAPORE
POLICE FORCE**



T/20200306/2088

Police Station Of Origin:
Bochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20200306/2088

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:

A /

Insp FARAH DEANNA TAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Insp COH GEOK LYE

Contact No.: 65476148

Signature Of Informant:

Date/Time:

06/03/2020 15:12

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : YME/200293/2 Vehicle Registration No: SL522020

Name(as shown in NRIC) : ONG JOE HUP NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 06 MAR 2020 Time of Accident : PM 0

Place of Accident : KELANTAN ROAD CARPARK LOT 65 AT SDQR29

Insurance Company: MG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND TP VEHICLE NUMBER TO YMG100R

TO AMEND REPORT TO TP CLAIMS

Policyholder / Driver's Signature
Date:



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



TRANS EUROKARS PTE LTD

EUROKARS GROUP

ESTIMATE COST OF REPAIRS

CHINA TAIPING INSURANCE P/L	NAME : Mr Ong Hoe Hup	WIP : 29385
3 ANSON ROAD	ADDRESS : 224b Compassvale Walk	EXCESS :
#16-00 SPRINGLEAF TOWER	#15-645	DATE: 25-Jun-20
SINGAPORE 079909	Singapore 542224	
ATTN : MOTOR CLAIMS	TEL : 96262202	
FAX :		

VEH NO :	SLS2202D	DATE IN :		CONTACT PERSON :	Ronald 63957875
CHASSIS NO :	JM6KF2WLAJ0130202	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	CX-5	DATE REG.:	26-Oct-17	POLICY NO. :	

NATURE OF WORKS

Parts Description

NO		QTY		REVISED	PRICES
1	FRONT BUMPER <i>Revis</i>	1	MKB8B-50-031EBB	X	\$ 1,023.10
2	RETAINER RHS <i>Nec</i>	1	MKB8A-50-0T1A	X	\$ 15.50
3	CLIP, FRONT BUMPER <i>3 Nec</i>	2	MGS1E-56-496A	✓	\$ 20.40
4	FASTENER, FRONT BUMPER	5	MB45A-56-146A	✓	\$ 15.00
5	RIVET, LICENCE PLATE <i>Nec</i>	2	MB33J-51-833	X	\$ 15.20
6	CHROME RHS	1	MKB8A-50-7J1B	X	\$ 152.80
7	FASTENER, GRILLE TOP	8	MGD7A-50-EA1	X	\$ 25.60
8	PIN LOCATOR, FRONT GRILLE	2	MKD45-50-1K5A	X	\$ 5.80
9	GROMMET, FEONT GRILLE <i>Nec</i>	2	MKD45-50-ES1	X	\$ 5.80
10	CLIP, FRONT GRILLE <i>Nec</i>	1	MKB8A-50-EB1	X	\$ 13.70
11	RIVET, GRILLE TOP	8	MTK21-50-355	X	\$ 73.60
12	RIVET, GRILLE TOP	14	MS51S-51-833	X	\$ 56.00
13	FRONT FENDER RHS <i>Detold</i>	1	MKB7W-52-111	✓	\$ 380.10
14	STAY RHS, FRONT FENDER <i>Nec</i>	1	MKBZW-52-1R0A	✓	\$ 51.30
15	MUDGUARD RHS <i>Nec</i>	1	MKB7W-56-130C	X	\$ 98.20
16	GARNISH RHS, FENDER <i>Detold</i>	1	MKB7W-51-W20E	✓	\$ 158.30
17	HEADLAMP RHS <i>Nec</i>	1	MKB9J-51-031H	✓	\$ 3,565.60
18	CLIP, HEADLAMP <i>3 Nec</i>	2	MDR61-50-133	✓	\$ 13.00
19	RIVET, HEADLAMP	1	MB092-51-833	✓	\$ 3.50
20	RETAINER SIDE RHS, SENSOR <i>Nec</i>	1	MKD47-67-UC5A53	✓	\$ 18.20
21	SENSOR SIDE RHS, ULTRASONIC <i>Nec</i>	1	MKD47-67-UC1 2Y	X	\$ 180.90

Labour Description

1	MZ-BR-FRONT7	TO REPLACE FRONT BUMPER AND FRONT FENDER RH. REPAIR BONNET, FRONT DOOR RH AND ALL AREAS AFFECTED BY THE ACCIDENT.	990	\$ 2,970.00
2	MZ-SP-SFRT08	TO RESPRAY FRONT BUMPER, BONNET, FRONT DOOR RH AND FRONT FENDER RH.	1260	\$ 2,835.00
3	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.	120	\$ 250.00
16	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.	X	\$ 250.00
17	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	180	\$ 350.00
19	MZ-BR-SUNDRI	SUNDRIES.	NETT X	\$ 100.00
			TOTAL LABOUR	\$ - \$ 6,755.00
			TOTAL PARTS	\$ - \$ 5,891.60
			TOTAL	\$ - \$ 12,646.60
			LESS EXCESS	\$ - \$ -
			TOTAL AFTER EXCESS	\$ -
			GST 7%	\$ - \$ -
			GRAND TOTAL	\$ - \$ -

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT. TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A **QUOTATION FEE OF \$400** WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

TRANS EUROKARS PTE LTD

Authorised Signature

Adrian Lj
P/P 03/07/20
04 Days.

Third Party Insurer Enquiry

Our Ref No: GR-20-046617
Date of Request: 19/03/2020

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 19/03/2020
Enquiry By Ronald Yap
TP Vehicle No. YM6100R
Accident Date 06/03/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YM6100R	China Taiping Insurance (Singapore) Pte. Ltd.	15/08/2019-14/08/2020	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

TAX INVOICE

Our Ref No: GR-20-046617
Date of Request: 19/03/2020

Your Ref No: Online Purchase

Trans Eurokars Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 19/03/2020
Enquiry By Ronald Yap
TP Vehicle No. YM6100R
Accident Date 06/03/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque