

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.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMH5266X Yr Regn: 2019 Jan.
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Shuttle C.C. 1496
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 16932 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GK82000141
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 185/60R15
 R: 185/60R15

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

TOYO / YOKO or _____

Front _____ Rear _____
 R/Bal. 06 mm R/Bal. 06 mm
 L/Bal. 06 mm L/Bal. 06 mm
 D.O.A. _____ D.O.I. 02/07/20

*Survey held at Advance

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

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>1st Cap. Independent.</u>
	TEMPORARY CLOSE CASE
	- ADRIAN SAID HIS PHOTOS MISPLACE DUN KNOW AT WHERE / GONE.
	SINCE WKSP NEVER CHASE THE REPORT.
	<u>MV:</u>
	<u>PV:</u>
	<u>Nett:</u>

Date/Time. File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time. File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp (\$

☐ : Weekend (\$

Survey Fee:

Transportation:

____ \$ + PS. ____ \$

Photo:

Other:

TOTAL

Report Form 1:

Lump Sum / M.B. / G.

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	29/06/2020 11:09
Date Of Accident	18/06/2020 15:25
Exact Location Of Accident	ANG MO KIO STREET 31, BLK 316B (MSCP) LEVEL 2A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH5266X
Insured/Policyholder	
Name Of Registered Owner	KHEIN THEIN SOE
NRIC No	SXXXX227C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97331511
Alternative Phone No	OFFICE-97331511

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107251735-01 CLASSIC
Cover Note Number	

Driver

Name of Driver	KHEIN THEIN SOE
NRIC No	SXXXX227C
Date Of Birth	26/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2016
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97331511
Fax Number	
Contact Number	OFFICE-97331511
Email Address	NOEMAIL

Address	BLK 321 ANG MO KIO AVENUE 1 #03-1551
Postcode	560321
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

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB628J
Vehicle Make/Model/Colour	TOYOTA/PRIUS HYBRID 1.8 CVT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

1. The report must correctly state the nature of the incident that has occurred.
2. The report must be completed by the Policyholder or agent in the capacity of a Broker.
3. The report must be made with a prompt and accurate as possible account of the circumstances of the claim.
4. The report must be completed to enable policy liability.
5. The date and existence of the Policy must be stated.
6. The report may be referred to the Policyholder's solicitor.
7. The report will be forwarded to the Insurance Claims Management Department of the Insurance Association of Singapore (IAS) for archiving and that copies of the report will not be made available for inspection by interested parties.
8. The Insurance Association will not be responsible for the accuracy of the report.

management knowledge, experience and analysis.

- (*) My Insurer, my workshop and/or the General Insurance Association of Singapore ("GIA") may/may not be 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) preventing, handling and/or dealing with claims including the settlement of the claim and/or necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) serving 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) compiling and supplying my administrative processing records regarding usage with my claims (collectively the "Records").
- (*) I warrant that we have entered into this [Form], [Form] in this accident and the Insurers' lawyers/law firms, may be permitted to access, use, disclose and/or process my Personal Information for one or more of the above Purpose(s).
- (*) The Insurers and their insurers are authorized by law to monitor and/or take full and complete control over the use of my personal data for the purposes stated in this Form and/or for the purposes stated in the relevant insurance policy.
- (*) The Insurers, Insurers' lawyers/law firms and/or GIA may monitor and/or take full and complete control over the use of my personal data for the purposes stated in this Form and/or for the purposes stated in the relevant insurance policy.
- (*) I warrant that I am not a partner, joint owner, director, shareholder, officer, employee or otherwise connected party that exist in evaluating, investigating, controlling or managing financial resources, day-to-day management and government agencies reasonably required for the purposes stated in (i)-(v).
- (*) For complying with requirements under any regulations, laws or court orders,

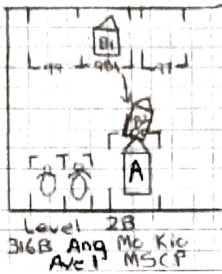
29 JUN 2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415033
Tel: 67416697 Fax: 67492305
Email: varkko@idac.com.sg

Sketch Plan #2

SKETCH PLAN

(A) - SMH5266X
(B) - SHB628J



DESIGN, DIMENSIONS OF THE ACCIDENT

— refer to police report attached —
Report No T/20200626/7007

Note: Please do not write anything on this page. If you have any comments, please write them on the back of this page.

Signature of the person who has been interviewed: _____

Signature of the person who has been interviewed: _____

Signature of the person who has been interviewed: _____

Signature of the person who has been interviewed: _____

29 JUN 2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@buddhist.com.sg

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200826/7007

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No 65470000

Report No T/20200826/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2020 12:36		Vide Report No.:		Station Diary No.	
Informant's Particulars					
Name of Informant: KHEIN THEIN SOE			Address: APT BLK 321 ANG MO KIO AVENUE 1 #03-1551 SINGAPORE 560321		
ID Type / ID No. NRIC NO / S7767227C			Contact No.:		Mobile 97331511
Nationality: MYANMAR			Email: khinetheinsoe@gmail.com		
Sex: Male	Age: 42	Date of Birth: 26/12/1977	Type of Informant: Vehicle Owner		
Race: Burmese			Language: English		Institution / School Name:
Occupation: Network/Infrastructure architect and engineer			Driving Licence Information: Class:		Date of Expiry

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/06/2020 15:25	Type of Location: Car Park
Location: ANG MO KIO STREET 31				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 15 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB628J	Car					0
SMH5266X	Car					0

Details of Person Involved

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200626/7007

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No 65470000

2 of 3

Report No T/20200626/7007

CONTINUATION OF REPORT

Vehicle Owner			
Name	KHEIN THEIN SOE	ID No	S7767227C
Related Vehicle	SMH5266X (Car)	Contact No	97331511
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

I parked my Vehicle SMH5266X on level 2A of block 316B Ang Mo Kio Ave 1 MSCP before the 18th of June 2020, due to Circuit Breaker and i am WFH. When i returned to Vehicle on 25/06/2020, i realised that there were damages on the front portion of my Vehicle. i proceeded to check my in car camera, and realised that there was an impact from the front on the 18/06/2020 at 1525HRS. A Vehicle SHB628J was reversing out from the lot opposite my Vehicle without caution and proper look out and hit into the front portion of my Vehicle, causing damages and the driver of SHB628J just proceeded to drive off without leaving any note or particulars for me to contact him.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200626/7007

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No: T/20200626/7007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAN JEOK LENG
Contact No: 65476144

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
26/06/2020 12:36

Classification Of Case: