

ASS. REC. BY:

REF:

MSG/ 20008669/Kqf3

Kenneth

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. 29141713

615A

Claims No. 627435

Sum Insured:

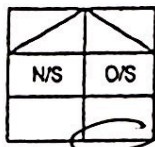
Excess:

(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:

05

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GB14 226214 Yr Regn: 03, 18

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toy / Hiac

c.c.

2882

Colour:

White

AC: Insured / Std / NI / NA

Sp. Reading:

40334

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KDIH 201 5025364

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: M / S/Rim / STD A/Rim or

Tyre Size:

P: APWJ

195R15X8

R: Dun

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

4

mm

L/Bal.

9

mm

L/Bal.

4

mm

D.O.A.

17/8/20

D.O.I.

29/8/2020

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

1 / EST NOT ready, Got 81

24/08/20@5.40pm Informed Fievel Foo, we are pending for estimate from repairer.

04/09/20@10.40am revised to Fievel Foo via Merimen.

Kenneth confirmed LS \$3250, 5 days. (Red \$1883.14, 37%)

Date/Time, File Pass to?

☐

: Prel. Report

11/04/09 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: 2

Survey Fee:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Transportation:

Fees

Others

TOTAL

Report Format: MER-TP

Lump Sum H.B.k (\$ 3250

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 submission 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 afterwards.

ACCIDENT STATEMENT

Date Of Report 18/08/2020 14:22
Date Of Accident 17/08/2020 18:25
Exact Location Of Accident BUANGKOK EAST DRIVE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH2262G
Insured/Policyholder
Name Of Registered Owner ACEPAC RENTAL
Co Reg No 5XXXX615A
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-64536256
Vehicle Particulars
Manufacturer TOYOTA
Model HIACE
Exact Purpose for which vehicle was being used at time of accident COMPANY USES
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 COMMERCIAL VEHICLE
Insurance Company
Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number 999993983/100856838-00000
Cover Note Number
Driver
Name of Driver NG TECK LEE
NRIC No SXXXX587G
Date Of Birth 06/09/1988
Occupation OUTDOOR
Date Of Driving Pass 17/06/2011
Driving Experience 9 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96358553
Fax Number
Contact Number
Email Address AHHTECKK88@GMAIL.COM

14
Address BLK 200B SENGKANG EAST ROAD #05-34
Postcode 542200
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
Weather Conditions DRIZZLING
Road Surface WET

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? YES
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? YES
If Yes, Please state which Police Station
Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

Please refer to Sketch Plan & Police Report: T/20200818/2035

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 SLS5621H
Vehicle Make/Model/Colour HONDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver EDMUND CHIN KOK FOONG
NRIC/Passport Number
Contact Number 90045506 / 85522246
Address
Postcode
Insurance Company Name
Nature Of Damage

Sketch Plan Pg. 2

SKETCH PLAN

AD 684 27624
137 SL 56214

BUANGKOT EAST DRIVE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
T/20200818/2035

DECLARATION

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

Policyholder's Signature
Date & Time: 18 AUG 2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18 AUG 2020

Reporting Centre Personnel's Signature
Name: Tricia Leong
NRIC/FIN No.: 18 AUG 2020

G:\ARAC SketchPlanForm_V3



**SINGAPORE
POLICE FORCE**



T/20200818/2035

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20200818/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2020 12:22	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: NG TECK LEE			Address: APT BLK 200B SENGKANG EAST ROAD #05-34 SINGAPORE 542200	
ID Type / ID No.: NRIC NO / S8832587G			Contact No.:	Mobile: 96358553
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 31	Date of Birth: 06/09/1988	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Mechanical engineering technician (general)			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

General Information		Date/Time of Accident:		Type of Location:
Type of Accident:	Injury Others	Drink Drive: No	17/08/2020 18:25	Straight Road
Location:				
BUANGKOK EAST DRIVE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH2262G	Van	TOYOTA		Beige	Slightly Damaged	0
SLS5621H	Car	HONDA		Black	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200818/2035

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20200818/2035

CONTINUATION OF REPORT

Driver			
Name	NG TECK LEE	ID No.	S8832587G
Related Vehicle	GBH2262G (Van)	Contact No.	96358553
Hospital/Clinic	KINGS MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	18/08/2020	Date Discharge	18/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	EDMUND CHIN KOK FOONG	ID No.	NIL
Related Vehicle	SLS5621H (Car)	Contact No.	85522246
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.

On 17/08/2020 at about 1825 hours, I was travelling along Buangkok East Drive towards Buangkok Drive on the center lane of 5 lane road turning right into Sengkang East Drive. Traffic light was red and I slowed down my vehicle, GBH2262G, to stop. Subsequently, I felt an impact from the rear. I noticed that there was an unknown black car collided onto the rear portion of my vehicle. I have camera in my vehicle but I am not sure whether it is recording. I exchanged particulars with the driver of SLS5621H, and both left. There is no Traffic Police or ambulance at scene.

On 18/08/2020 at about 1100 hours, I felt sprain on my neck due to the accident. I went to seek medical treatment at Kings Medical Clinic and was given 3 days MC.