

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV _____
 To Inspect Vehicle No _____
 at Workshop no/ _____
 at _____
 Insured _____
 Policy No _____
 Claims No _____
 Sum Insured _____ Excess _____
 (Client's Record) _____
 Make of Veh _____

N/S	O/S

(Policy Condition)
 Remark The veh had commenced its
 repair at the time of inspection.

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

CA / REV / REP. / 24 HRS

Date _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No SKW57346 at Page 2009 June
 Type (M Car) / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make Toyota Altis cc 1598
 Colour Gold A/C. Insured / Std / NI / NA _____
 Sp Reading 161561 T/Patio. Insured / Std / NI / NA _____
 Eng/Ho _____
 C/Ho MR053ZEE106146313
 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: 195/65R15
 R: 195/65R15
 BS / DUN / EXNOVA / GY / FS / LIZA / (MIC) / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front		Rear	
R/Bal. <u>06</u> mm		R/Bal. <u>06</u> mm	
L/Bal. <u>06</u> mm		L/Bal. <u>06</u> mm	
D.O.A. _____		D.O.I. <u>10/09/20</u>	

Survey held at S.K.
 Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
FRT O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time _____ Action / Instruction
TP Budget Direct.

COE Expiry : 30/04/29.

MV :
 PV :
 Nett :

Date/Time: File Pass to? ☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date/Time: File Return to?

1)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech. Insp. (\$

☐ : Final Insp. (\$

Transportation

1) 3 - PS \$

2) Phone

3) Other

P.T.T.

Report Format:

Emp. Com / L.E. R.R.

Auto & General

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 27/08/2020 13:51
Date Of Accident 26/08/2020 11:15
Exact Location Of Accident AT LORONG 104 CHANGI
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW5734G
Insured/Policyholder
Name Of Registered Owner LEONG SHUN WAH
NRIC No SXXXX418I
Email Address ALEXLEONG@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-97205333
Alternative Phone No OFFICE-97205333

Vehicle Particulars

Manufacturer TOYOTA
Model COROLLA ALTIS 1.6 AUTO

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 FWD SINGAPORE PTE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number PNPV2020-00005560
Cover Note Number

Driver

Name of Driver LEONG SHUN WAH
NRIC No SXXXX418I
Date Of Birth 24/10/1975
Occupation OUTDOOR
Date Of Driving Pass 12/11/1998
Driving Experience 21 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97205333
Fax Number
Contact Number OFFICE-97205333
Email Address ALEXLEONG@HOTMAIL.COM

Address BLK 430A FERNVALE LINK #17-211
Postcode
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

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDV873J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
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 collected 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 this 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.

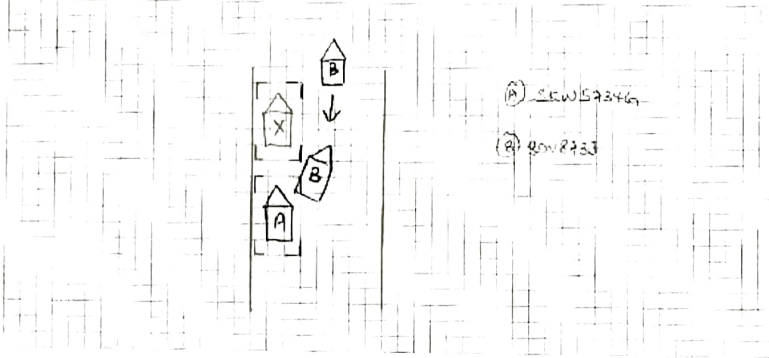
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 26/8/2020 @ 11.15am.
Accident Location : AT LORONG 104 CHANGI
REF TO POLICE REPORT T/20200827/7001.

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

DECLARATION

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

*** IMPORTANT NOTE:**

There is a FOURTEEN (14) days delay in receiving a report on the results of the physical and chemical analysis of the soil.

Policyholder's Signature
Date & Time:

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200827/7001

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

1 of 3

Report No: T/20200827/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2020 01:41		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEONG SHUN WAH			Address: 430A FERNVALE LINK #17-211 SINGAPORE 791430		
ID Type / ID No.: NRIC NO / S75324181			Contact No.: Home/Office: Mobile: 97205333		
Nationality: SINGAPORE CITIZEN			Email: ALEXLEONG@HOTMAIL.COM		
Sex: Male	Age: 44	Date of Birth: 24/10/1975	Type of Informant: Vehicle Owner		
Place: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: Date of Expiry:		

Details of Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/08/2020 11:15	Type of Location: Car Park
Location: LORONG 104 CHANGI				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SDV873J	Car	HYUNDAI	Accent	White		0
SKW5734G	Car	TOYOTA	Corolla Altis 1.6 CC	Beige	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200827/7001

2 of 3

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

Report No T/20200827/7001

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW5734G	FWD Singapore Pte. Ltd	PNPV2020-00005560	03/06/2020	02/06/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	LEONG SHUN WAH		ID No.	S7532418I
Related Vehicle	NIL		Contact No.	97205333
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details:

On 26/08/20 around 10.16am, I parked my car (SKW5734G) within public parallel carpark lot along Lorong 104 Changi Road (beside Guthrie Building) & left the area at 12.46pm:

On the same day afternoon, I noticed some damages on my car front right area and check my carcam videos for details. Below are interpreted from the cam videos:

On 26/08/20 around 11.15am, a white Hyundai Accent (SDV873J) was driving against the flow of traffic. Make a 3 point turn, reverse and hit my car front area. Upon impact, SDV873J then speed up and drove away.

My supporting videos/pictures exceeded 2MB, therefore refer to link as below:

- 1) <https://www.facebook.com/watch/?v=2673770086222700&extid=ogE84JchBvSXJpSK>
- 2) https://drive.google.com/drive/folders/1gb-lku85t9lj87Y_iQJBt4pbm6K2li9x?usp=sharing

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200827/7001

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

3 of 3

Report No T/20200827/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2020 01:41
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

Authentication Stamp
NP168