ASSIGNMENT

From Dale -	vehillo: SJW9669 Y. Yr Regn. 2017, Oct.
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: Tojota Harries c.c 1986
at Workshop m/s	Make: Tojota Harner c.c 1886 Colour While A/C: Insured/Std/NI/NA
of	Sp.Reading 57935 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: 254600592263.
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Iporder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
	Tyre Size: F: 235/50R18,
(Policy Condition)	R: 235/50R19.
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
Bal. or Market Value	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 06 mm R/Bal. 94 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 12/00/20
Lum Sum: % 3 Val.: Yes or No	Survey held at T. K.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / Q/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	The O/C / Chassis frame / Body Structure anecied due to common.
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	8287
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PV: Nett:	
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Dale/Time, File Pass to? : Prell. Report	Days Of Repair:
; Final Report	Resurvey No. of Trip: Survey Fee: Transportation:
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2)	Interview (3) Photos
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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 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 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 aforesald.

oresaid.	ACCIDENT STATEMENT
1 Of Breet	17/09/2020 17:28
pate Of Report	11/09/2020 13:55
Date Of Accident	31 WOODLANDS CLOSE #02-23 LOT 89
xact Location Of Accident	SINGAPORE
Country/State of Loss DE	ETAILS OF OWN VEHICLE
	SJW9669Y
/ehicle Registration Number	
Insured/Policyholder	CAI JIE FENG
Name Of Registered Owner	SXXXX253C
NRIC No	JFCAI1985@GMAIL.COM
Email Address	(LOCAL) +65-91091901
Mobile Phone No	OFFICE-91091901
Alternative Phone No	
Vehicle Particulars	TOYOTA
Manufacturer	HARRIER
Model	
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO SARTY
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	THE WALLES OF OPERATIVE LTD
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114824935
Cover Note Number	
Driver	
Name of Driver	CAI JIE FENG
NRIC No	SXXXX253C
Date Of Birth	12/08/1985
Occupation	INDOOR
Date Of Driving Pass	01/05/2005
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91091901
Fax Number	
	OFFICE-91091901
Contact Number	JFCAI1985@GMAIL.COM

Address

BLK 196C PUNGGOL FIELD #11-493

Postcode

823196

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?

Number of vehicles (including own vehicle) involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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

ANG MO KIO DIVISION HQ

Police Station Address

ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569784, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT F/20200914/7072

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBJ6432X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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
- 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.
- The issue and acceptance of this Form by 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.
- 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.
- 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)

l understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurence Association of Singapore ("GIA") may/are permitted to collect, use, disclose end/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 the purpose(s).
 - 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:
 - 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) Oute & Time:

Name: NRIC/FIN No:

Reporting Centre Personnel's Signature

Accident Sketch Plan

CH PLAN		
		0 - 5711 041 041
		A = SJW 96694
		8 = 583 6432×
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31 was	dlands close #02-23	
RIBE CIRCUMSTANCES O	E THE ACCIDENT	
use enconstances o	· · · · · · · · · · · · · · · · · · ·	
Refer to	Police Report F/202	00914 17072.
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	lars are true in every respect.	
declare the foregoing particu	The property of the state of th	LANGE CONTRACTOR OF THE PARTY O
ARATION declare the foregoing particular to the foregoing	Driver's Signisture (if driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

POLICE REPORT





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000

Report No. F/20200914/7072

Date/Time Report Made 14/09/2020 22:25	Vide Re	port No.		Station Diary No
Name Of Informant CAI JIEFENG	Address 196C PUNGGOL FIELD #11-493 SINGAPORE 823196			
ID Type / ID No. NRIC NO / S8523253C	Contact No. Home/Office: Mobile: 91091901			
Nationality SINGAPORE CITIZEN	Email Address PROJECTDECREATION@GMAIL.COM			
Occupation Working proprietor (retail trade)	Sex Male	Age 35	Date of Birth 12/08/1985	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 11/09/2020 13:55 - 11/09/2020 14:05	Location Of Incident 196C PUNGGOL FIELD #11-493 SINGAPORE 823196			
Brief details.				

My car Toyota Harrier White SJW 9669 Y was parked at lot 89 at 31 woodlands close #02-23. S737855. When I came back from lunch, I saw that the car was hit at the left rear bumper and the driver who hit my car did not leave any note. My in car cam also recorded the impact. I went to the security for video as there is 2 video cam at the area.

Today the guard shown me the video footage during the timing my car was hit and confirmed that it is a lorry from Star city construction pte ltd. I went to took pic of the lorry and found out that the damage on the lorry driver door was similar to the damage on my car.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by
Trois dependence of the control of t	SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2020 22:25
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200914/7072

Starcity Construction Pte Ltd		
Unknown	Address	31 WOODLANDS CLOSE #02 17 woodlands horizon SINGAPORE 737855
67538919		
CAI JIEFENG	1	205202520
NRIC NO	ID No	S8523253C
Male	Age	35
Chinese	Language	English
Working proprietor (retail trade)	Address	196C PUNGGOL FIELD #11- 493 SINGAPORE 823196
91091901	Is Informant A Victim?	Yes
	CAI JIEFENG NRIC NO Male Chinese Working proprietor (retail trade)	Unknown Address 67538919 CAI JIEFENG NRIC NO ID No Male Age Chinese Language Working proprietor (retail trade) 91091901 Is Informant A

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Signature Of Officer Recording The Report: Not applicable Date/Time: 14/09/2020 22:25 Signature Of Interpreter: /
Not applicable Classification Of Case: Officer In-Charge Of Case:

Authentication Stamp