ASS. REC. BY: CS | MSG20011522 | Dad3

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 Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: T/P % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SKW 5935T Yr Regn: Nov / 2015

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

Truck / Trailer or _____

Make: Mitsubishi Lancer c.c 1590

Colour Red A/C: Insured / Std / NI / NA

Sp.Reading 84933 T/Radio: Insured / Std / NI / NA

Eng/No: 4A92CC2673

C/No: JMYSRCY1AFU005589

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or _____

Brake: In order / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 225/40 R 18

R: " "

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

TOYO / YOKO or Michelin

Front		Rear	
R/Bal.	S mm	R/Bal.	S mm
L/Bal.	S mm	L/Bal.	S mm
D.O.A.	25/09/2020	D.O.I.	23/10/2020

Survey held at Alfred Auto AMK

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.

Date / Time	Action / Instruction
	MSIG SKH 6144G
	only lehru allowed. so refer at T/P.
	600/- (28/10/20 Bryan informed is $600/-)
28/10/2020	from HP T/P $600/-
	($ 4,711.00 RED - 89%)

Date/Time, File Pass to? 28/10/20

1) Tyasi

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☑ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Invs ($ _____)

☐ : Weekend ($ _____)

Report Format :

Lump Sum / I.B.I. ($ ~~50~~ 600/-) T/P

Survey Fee:	
Transportation:	
S+RS SI	
Photos	
Others	
TOTAL	

MSI120084583 / STA INSPECTION PTE LTD - Sin Ming
ENTRY DATE & TIME: 28/09/2020 17:19
SUBMITTED BY: Wong Lip Yong

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 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	28/09/2020 17:19
Date Of Accident	25/09/2020 21:50
Exact Location Of Accident	MILTONIA CLOSE (OUTSIDE MILTONIA RESIDENCES CONDO)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKW5935T
Insured/Policyholder	
Name Of Registered Owner	ANTHONY JEDIDIAH SIMON
NRIC No	SXXXX061C
Email Address	TONYMIKAELSON@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-82002252
Alternative Phone No	OFFICE-82002252
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX 1.6
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107464107-01
Cover Note Number	
Driver	
Name of Driver	ANTHONY JEDIDIAH SIMON
NRIC No	SXXXX061C
Date Of Birth	06/04/1997
Occupation	INDOOR
Date Of Driving Pass	13/07/2016
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82002252
Fax Number	
Contact Number	OFFICE-82002252
EMail Address	TONYMIKAELSON@OUTLOOK.COM

Address	APT BLK 436D FERNVALE ROAD #09-154 SINGAPORE
Postcode	794436
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	COLLISION - HEAD TO REAR
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?	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)	2
Passenger 1	NAME: : NA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 2 SENGKANG SQUARE #01-02 SINGAPORE , **POSTCODE:** 545025 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800 - 3438999 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO SENT TO NTUC
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH6144G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number	96456985
Address	
Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANTHONY JEDIDIAH SIMON
Approximate Age	23
Injuries Sustain	REFER POLICE REPORT (3 DAYS MC)
Injured person in which vehicle?	SKW5935T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 436D FERNVALE ROAD #09-154 SINGAPORE
Postcode	794436

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.

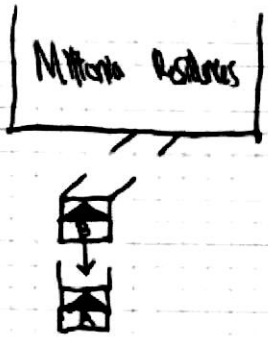
Tay 1648 28/09/20

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



A : SKW5935T
B : SKH6144G (Rear Sng)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200926/2011

This morning I felt pain on my neck, Shoulder and back. Seek treatment at the same clinic and was given an additional 2 days of MC.

DECLARATION

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

1648 28/09/20		
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.

SINGAPORE POLICE FORCE

T/20200926/2011

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 545025
Tel No: 1800-343 8999

Report No. T/20200926/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
26/09/2020 01:12		9

Informant's Particulars

Name of Informant: ANTHONY JEDIDIAH SIMON			Address: APT BLK 436D FERNVALE ROAD #09-154 SINGAPORE 794436	
ID Type / ID No.: NRIC NO / S9715061C			Contact No.: Home/Office: Mobile: 82002252	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 23	Date of Birth: 06/04/1997	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2020 21:50	Type of Location:
Location: MILTONIA CLOSE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SKH6144G	Car					0
SKW5935T	Car	MITSUBISHI	LANCER EX 1.6 AT LED TAIL LAMP	Red		1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20200926/2011

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 545025
Tel No: 1800-343 8999

Report No. T/20200926/2011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SKW5935T	NTUC Income Insurance Co-Operative Limited	5107464107-01	16/05/2020	15/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	ANTHONY JEDIDIAH SIMON		ID No.	S9715061C
Related Vehicle	SKW5935T (Car)		Contact No.	82002252
Hospital/Clinic	CENTRAL 24HR CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/09/2020	Date Discharge	25/09/2020	
No. of Days granted Medical Leave	03	Degree of Injury	NIL	
Driver				
Name	ROHAIZAT		ID No.	NIL
Related Vehicle	NIL		Contact No.	96456985
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.

On25/09/2020 at about 9.53pm, I was driving my vehicle SKW5935T along Miltonia Close and was about to turn right into Miltonia Residences and there is a white coloured vehicle SKH6144G infront of mine and the vehicle was also turning into the condominium when suddenly the vehicle reversed and collided onto my vehicle.

The impact caused my right knee to hit onto the front dash board area of my vehicle.

I went to seek medical assistance at a private clinic after the accident and was given 3 days of MC.

SINGAPORE POLICE FORCE

T/20200926/2011

Report No. T/20200926/2011

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 545025
Tel No: 1800-343 8999

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: F / Sgt 3 TAN WEI XIANG ROY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2020 01:12
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case: SN 085
Authentication Stamp NP168	Signature: Singapore Police Force

ALFRED AUTO
Services & Supplies

Blk 5035 Ang Mo Kio Ave 3 # 01-351 Industrial Park 2 Singapore 569538
Tel: 6483 4586 Fax: 6483 4882 Reg. No. 391089/00-E
Email: alfredauto@hotmail.com

Tyre & Sports Rim

Reference No.: 211020

Date: 21.10.2020

Anthony Jedidiah Simon
Blk 436D Fernvale Rd #09-154
Singapore 794436.
Mitsubishi Lancer EX 1.6

Estimate Repair Cost for Vehicle Reg. No: SKW 5935 T

1 Pc. Front Bumper		898.00 (Nett) X
10 Pcs. Front Bumper Clips	@ 5.00	50.00 (Nett) X
1 Pc. Front Bumper Beam		298.00 (Nett) X
1 Pc. Front Bumper Side Retainer		135.00 (Nett) X
2 Pcs. Front Bumper Side Procter	@ 108.00	216.00 (Nett) X
1 Pc. Front Fog Lamp		488.00 (Nett) X
1 Pc. Front Fog Lamp Garnish		99.00 (Nett) X
1 Pc. Front Head Lamp Assy.		899.00 (Nett) X
1 Pc. Front RH Fender		508.00 (Nett) X
	Total (Panels / Parts):	**3,591.00 (SGD)**

LABOR CHARGES

To check wiring.	120.00
To knocking, straightening repair & renew all accident damaged affected area.	~~800.00~~ 200/-
To respray painting on all accident affected area. (2 colour)	~~800.00~~ 400/-
Total (Labor Charges):	**1,720.00 (SGD)**

LKK Auto Consultants hence notify the Repairer of the following:
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed **and** is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

23/10/2020 @ 0915hrs
NA Anthony
Part/Part. 2 days.

LKK Auto

600/-
P/P 400/-