

ASSIGNMENT

CJB April 2026

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.

Bal: or Market Value: _____

IDAC Accident Report: _____ 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: QX 84E Yr Regn: 2006 / MayType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Odyssey C.C. 2354Colour: SILVER A/C: Insured / Std / NI / NA

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

Eng/No: K20 K24A63002168C/No: JHMRB18406C202168Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim STD A/Rim orTyre Size: F: 215/60 R16R: 11

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

TOYO / YOKO or

Dunlop

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 24/10/2020 D.O.A. 26/10/2020Survey held at Chin Meng Kaki Bukit.

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

The vehicle caught fire at the engine

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

Date / Time

Action / Instruction

First Capital:compartment due to electrical in nature.Vehicle unusable to repair as both front chassis30/10 Sent Reli. to Bryanexposed to high heat. Structural integrity compromised.MV 33.5KVIA 26KVehicle left 67 metres til COE expiry.NV 7.5K (estimated) using 6K dep (charging below 86 c/mart 105 not profit organisation)

Date/Time, File Pass to?

☐

Prel. Report

Days Of Repair: _____

1)

☐

Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Report Format: _____

Lump Sum / L.B.I. (\$) _____



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D20004337MVQC

Our Ref: ~~CS~~/FCI20011575/Dyf3

Date: 30 November 2020

The Motor Claims Department
M/s MS FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO QX84E

We thank you for the instruction on 26/10/20

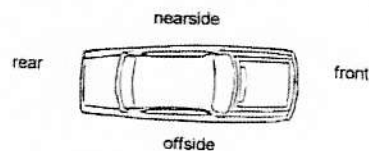
Please be informed that we had conducted the inspection of the abovementioned vehicle on 26/10/20 at the premises of M/s CHIN MENG MOTORS and have the following to report:-

| | |
|--------------------------|------------------------|
| Workshop Estimate Amount | : S\$ <u>0.00</u> |
| Revised Estimate Amount | : S\$ <u>0.00</u> |
| "Check" Items Amount | : S\$ _____ |
| Market Value | : S\$ <u>33,500.00</u> |
| LTA Reimbursement Value | : S\$ <u>26,000.00</u> |
| Nett Value | : S\$ <u>7,500.00</u> |

Description of Damage:

The vehicle caught fire

Comments/ Present Status:
Pending Investigation



Yours Faithfully

Bryan Ang
Licensed Appraiser

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 | 26/10/2020 16:26 |
| Date Of Accident | 24/10/2020 11:00 |
| Exact Location Of Accident | MINISTRY OF FOREIGN AFFAIR COMPOUND |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | QX84E |
| Insured/Policyholder | |
| Name Of Registered Owner | MINISTRY OF FOREIGN AFFAIR |
| Co Reg No | S87SS0140H |
| Email Address | MUHAMAD_FAHMI_CHUPARI@MFA.GOV.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-63797816 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | HONDA |
| Model | ODYSSEY-2.3 (A) |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | GOVERNMENT |

Insurance Company

| | |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | D-20096275MVQC |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | WONG YEE CHIAT |
| NRIC No | S1468379H |
| Date Of Birth | 07/03/1951 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 05/03/1979 |
| Driving Experience | 41 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98317260 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 82 COMMONWEALTH CLOSE #02-147 |
| Postcode | 140082 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------------------------|
| Type Of Accident | FIRE, EXPLOSION OR LIGHTNING |
| 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 | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| 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 | TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION) |
| Police Station Address | ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-3910000 - FAX NO: 63964900 |
| 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? | NO |
| Was there any audio recorded? | NO |

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.

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.:

Kim Pong
7960

A: QX84E

Refer to Police Report

Gaylord

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

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



E/20201024/7013

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Report No. E/20201024/7013

| | | |
|--|---|---------------------|
| Date/Time Report Made 24/10/2020 16:26 | Vide Report No. | Station Diary No. |
| Name Of Informant WONG YEE CHIAT | Address 82 COMMONWEALTH CLOSE #02-147 SINGAPORE 140082 | |
| ID Type / ID No. NRIC NO / S1468379H | Contact No. Home/Office: | Mobile: 98317260 |
| Nationality SINGAPORE CITIZEN | Email Address wongyeechiat@gmail.com | |
| Occupation Security Officer | Sex Male | Age 69 |
| Institution/School Name | Date of Birth 07/03/1951 | Race Chinese |
| Date/Time Of Incident 24/10/2020 11:00 - 24/10/2020 12:05 | Location Of Incident 1 SHERWOOD ROAD MINISTRY OF FOREIGN AFFAIRS (MFA) SINGAPORE 248163 | |

Brief details.

On 24 October 2020 at about 1100hrs, I was assigned by DSO Nirmal Singh to assist in the routine ration run to purchase lunch for on duty personnel in Ministry of Foreign Affairs (MFA). By 1120hrs, I had withdraw the vehicle key, cashcard and logbook in preparation for the journey ahead.

At 1130hrs, I had proceeded to QX84E for the routine First Parade Task check before commencing the journey. I set off to my destination to Red Hill Hawker Center at 1145hrs. While driving out of MFA

| | |
|--|--|
| 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: 24/10/2020 16:26 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |



**SINGAPORE
POLICE FORCE**



E/20201024/7013

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20201024/7013

premises, I notice a burning smell coming out from the front bonnet of the vehicle.

I decided to take action by driving up to MFA lobby B. I quickly parked the vehicle and rushed out to seek assistance. Together with PO Edward, PO Muhd Zaki and DSO Nirmal Singh and return to the vehicle to assess the condition. When we returned, the fire had already build up significantly. We used the available fire extinguishers in attempt to extinguish the fire but had failed in our attempts.

At 1155hrs, SCDF fire fighters arrived to the scene to aid us in extinguishing the fire. The fire was successfully extinguished at 1205hrs. Myself and the rest of my colleagues PO Edward Chuan, PO Mudh Zaki and DSO Nirmal Singh was uninjured during the whole incident.

| | |
|--|--|
| 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: 24/10/2020 16:26 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |