

ASS. REC. BY:

REF:

CS/CT/20013039/23

ASSIGNMENT

From:

Date:

Estimated Cost:

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

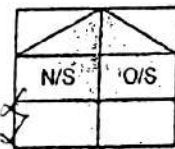
Excess:

(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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SBT 1881M

Yr Regn:

14/7/20

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

Truck / Trailer or

Make:

Mitsubishi Attrage

c.c

1193

Colour:

Silver White

A/C: Insured / Std / NI / N

Sp. Reading

87.79

T/Radio: Insured / Std / NI / N

Eng/No:

C/No:

MMBSTATISAKH004004

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

185/75/55R15

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

19/10/20

D.O.I.

1/12/20

Survey held at

Cycle & Carriage

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

Rear L.H.

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

Date / Time

Action / Instruction

MV-63R

Date/Time, File Pass to?

: Prel. Report

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp (\$

: Interview (\$

: Tech. Invs (\$

: Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Rep. Forms:

Lump Sum / L.E. / P.



CYCLE & CARRIAGE

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED

PANDAN GARDENS CUSTOMER SERVICE CENTRE

209 Pandan Gardens Singapore 609339 Tel: 65684555 Fax: 65691056

MITSUBISHI
MOTORS

ESTIMATE

Co Reg No : 197701469G

GST Reg No : MR-8500111-X

Invoice Name & Address	Owner Name & Vehicle Info
HAM MING YOCK	Cust No/Name KCV15670/HAM MING YOCK
117 BUKIT BATOK WEST AVENUE 6	Reg No/Reg Date SBT1881M / 14/07/202
#21-238	Date In/Mileage / 0
SINGAPORE 650117	Chassis No MMBSTA13AKH004004
Contact No	Engine No 3A92UJD2943
	Make/Model MIT/19MY ATTRAGE 1.2 CVT
	Colour/Trim W05 WHITE PEARL / BK BLACK

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
KCV15670	CRDVCH	25/11/2020/ 12:26	QUO	247 / DonBong	60037

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
E PNT88000 REPAIR REAR BUMPER, REPAIR REAR BODY KITS, REPAIR LH REAR FENDER				640 2560.00
E PNT88000 REMOVE AND INSTALL PARKING ASSIST				80.00
E PNT98000 PAINT WORK SPRAY REAR BUMPER, LH REAR FENDER, REAR BODY KITS AND AFFECTED PORTION	550 x 3			1650 2200.00
M SUNDRY APPLY BODY KITS SEALANT				80.00
A 54900099 CHECK WIRING AND CHASSIS ELECTRICAL SYSTEM				50.00
A 10028901 TO CARRY OUT DIAGNOSTIC CHECK USING HI-SCAN PRO TEST USING HI-SCAN PRO TEST				280.00
A WHEELALIGNMENTBP To Conduct Computerize Full Wheel Alignment				200.00
M SUNDRY SUNDRIES				20 50.00
M BRACKET,RR BUMPER,LH	1.00	28.00	00.00	28.00
M BRACKET,RR BUMPER,RH	1.00	28.00	00.00	28.00
SURVEYOR NAME: Steve (LKIK)				
SURVEYOR SIGNATURE: [Signature]				
DATE: 11/12/20, 3.30pm				
REMARKS: P/P, R/B, B/L, S/S				
3 dys				

LKK Auto Consultants hence notify the Repairer of the following: Confirmed by [Signature]
- 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
Authorized signatory and company stamp

7% GST on	Nett 5556.00	5,556.00
		388.92
	Total Payable	5,944.92

Validity of this estimate is 14 days from date of quote. This is a computer generated document, no signature is required. Estimated costs quoted are excluding GST. We would mention that the above estimate is based on our initial inspection and does not include any additional parts or labour which may be required after repair work has commenced. Occasionally worn or damaged parts are discovered after work has started and needed for repairs or replacement. However, should this occur, we would advise you. Please be informed that a deposit of 50% of the above estimate is payable before commencement of the work. Payment for this may be made in cash, credit card or cheque. You must also agree to pay full amount for renewal of the windscreen in the event of inadvertent breakage in the course of renewing the rubber seal or other repair requiring the removal of the windscreen.

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 20/10/2020 15:08
Date Of Accident 19/10/2020 18:30
Exact Location Of Accident SLIP RD OF DAIRY FARM RD TWDS UPP BUKIT TIMAH RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBT1881M
Insured/Policyholder
Name Of Registered Owner HAM MING YOCK
NRIC No SXXXX103Z
Email Address MMHH88@YAHOO.COM.SG
Mobile Phone No (LOCAL) +65-93389133
Alternative Phone No OTHERS-93389133
Vehicle Particulars
Manufacturer MITSUBISHI
Model ATTRAGE-1.2 CVT (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? NO
If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR
Insurance Company
Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number D20MTPV01009749
Cover Note Number
Driver
Name of Driver HAM MING YOCK
NRIC No SXXXX103Z
Date Of Birth 17/12/1965
Occupation INDOOR
Date Of Driving Pass 01/02/1997
Driving Experience 23 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-93389133
Fax Number
Contact Number OTHERS-93389133
EMail Address MMHH88@YAHOO.COM.SG

Address BLK 117 BUKIT BATOK WEST AVE 6 #21-238
Postcode 650117
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
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) 2
Passenger 1 NAME: : CHARLOTTE LEE (HITCH PASSENGER)
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.J/20201020/2003.

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 SMM9278J
Vehicle Make/Model/Colour SILVER MPV
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)

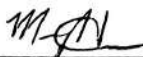
SKETCH PLAN

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:

20 Oct 2020 2:30 pm

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


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

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665N00200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MOR120091882 Vehicle Registration No: SBT1881M
Name (as shown in NRIC) : HAM MING YOCK NRIC/FIN/Passport No : SXXXX103Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : SLIP RD OF DAIRY FARM RD TWDS UPP BUKIT TIMAH RD Singapore (650117)
Contact (Tel) : _____ Mobile No. : 93389133
Email Address : MMHH88@YAHOO.COM.SG
Date of Accident : 19/10/2020 Time of Accident : 18:30
Place of Accident : SLIP RD OF DAIRY FARM RD TWDS UPP BUKIT TIMAH RD
Insurance Company : SOMPO INSURANCE SINGAPORE PTE. LTD.

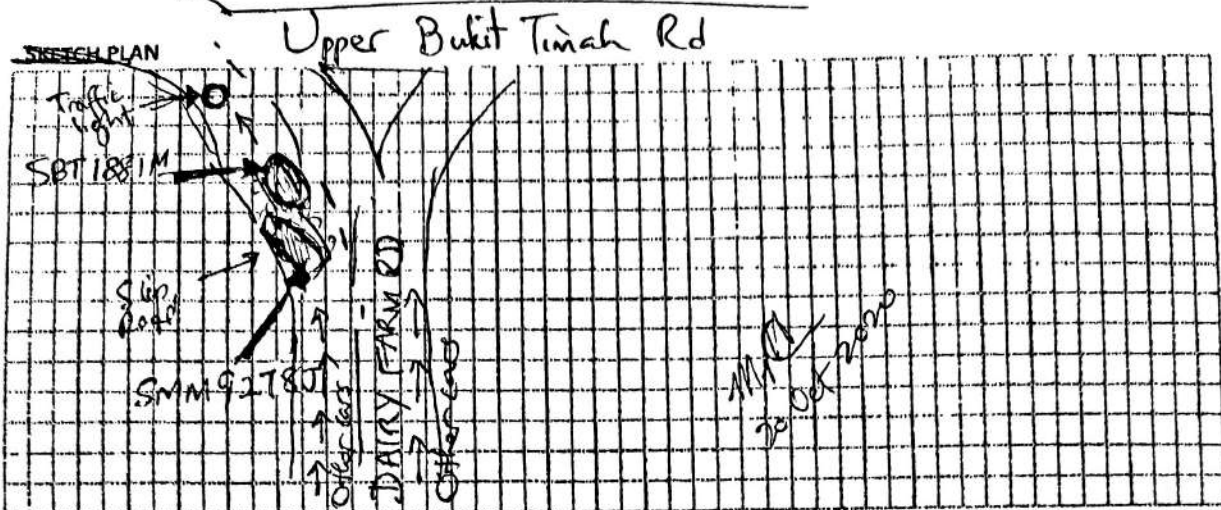
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1) ADD IN AMENDED POLICE REPORT.

MD
Policyholder / Driver's Signature
Date: 20/10/2020

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report # J/20201020/2003 for more detail attached

SMM9278J

Dangerous & reckless driver overtaking vehicles along Dairy Farm Rd and tailgating me and swerving left/right to overtake me (SBT1881M) on the slip road which I was on left most lane. he collided my left rear bumper. See in-car video (front & rear) attached.

Driver (SMM9278J) refuse to share his particular with me and drive off.

Driver (SMM9278J) alighted ^{at traffic light} and banged many time my car and shouting at me. I was threaten and he use non-english language.

I have Grab-hitch passenger in my car as witness of incident.

Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.	☐ Reporting Only ☐ Claim OD ☐ Claim TP ☒ Claim OD/ TP at other workshop
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DECLARATION

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

 Policyholder's signature
 Date & Time

20 Oct 2020 2:30pm

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

 Reporting Centre Personnel's Signature
 Name:
 Nric/Fin No.



**SINGAPORE
POLICE FORCE**



J/20201020/2003

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20201020/2003

I was driving my vehicle (SBT1881M) along Dairy Farm Road towards Upper Bukit Timah Road on left most lane. There was a vehicle (8MM9298J - silver colored MPV) driving behind me driving dangerously and fast. The vehicle at the back was tailgating my vehicle and many vehicles on both lanes. As I was attempting to make a right turn at the slip road, the driver attempted to overtake me on the left last minute. He failed to do so and eventually hit the rear left bumper of my vehicle. Just to note, the driver attempted to overtake me several time before colliding onto my vehicle along Dairy Farm road.

The traffic light was red when he collided onto my vehicle. After colliding onto my vehicle, I did not exit the vehicle. The driver alighted his vehicle and subsequently banged my vehicle asking me to proceed out of the vehicle. He also started shouting and using foreign language continuously. I refused to proceed out of the vehicle as the driver was aggressive. Once the traffic light turned green, I drove to the side of the road and exited my vehicle.

My rear left bumper suffered several scratches and dents due to the accident. The other vehicle suffered paint scratches on the front right bumper as a result of the collision. The driver refused to share his particulars with me.

I have a GrabHitch passenger (Ms Charlotte Lee HP: 93853826) as a witness for the accident. She agreed to be the witness for the incident. I informed my insurance company regarding the accident and they advised me to lodge a police report. I will also be lodging an online feedback on the driver for reckless driving.

 SINGAPORE POLICE FORCE Signature Of Officer Recording The Report: J / Sgt 3 FATHULLAH HARUN BIN NOOR ADZAN	Signature Of Informant: 
Signature Of Interpreter: SIGNATURE Not applicable	Date/Time: 20/10/2020 00:41
Officer In-Charge Of Case: J / Nanyang N.P.C / ASP LIM GAO YI MELVIN Contact No.: 67910000	Classification Of Case:

Authentication Stamp