

REF: CS3/1112009410/Eqf3-1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. MCOM0015

Claims No. MCT20090009

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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Vch No: SMN 5492C Yr Regn: 16/8/19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trallor or
 Make: Honda Fit c.c. 1317
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp.Rending: 020341 T/Radio: Insured / Std / Nil / NA
 Eng/No: _____
 C/No: GK 33422546
 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: 185/60R14
 R: _____
 BS / DUN EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front		Rear
R/Bal. <u>5</u>	mm	R/Bal. <u>5</u>
L/Bal. <u>5</u>	mm	L/Bal. <u>5</u>
D.O.A. <u>1/9/20</u>		D.O.I. <u>4/9/20</u>

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

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

Date / Time	Action / Instruction
-------------	----------------------

MR-62K

~~Submit final fig \$6716.55, 7 days (Red \$3416.27, 34%)~~

Date/Time, File Pass 10?

09/12

07/09 Typist

Date/Time, File Return to?

2)

Performed :

~~MER-PRO~~ TP

~~1.000000~~ / 1.000000 6716.55

Days Of Repair:

Resurvey No. of Trlp: 1

Add Fee: : Site Insp (\$

□: Interview (\$

□: Tech. Invs (3)

Needle and

Survey Fee:

Transportation:

5) $S \rightarrow RS, \dots SI$

1) **Frutos**

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107.41

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	02/09/2020 13:25
Date Of Accident	01/09/2020 15:05
Exact Location Of Accident	JUNCTION OF YISHUN CENTRAL 1 & YISHUN CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN5492C
Insured/Policyholder	
Name Of Registered Owner	ANG JUN SIONG
NRIC No	SXXXX010J
Email Address	ANGJUNSIONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98312546
Alternative Phone No	OTHERS-98312546

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3GF CVT
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA492648/1
Cover Note Number	

Driver

Name of Driver	ANG JUN SIONG
NRIC No	SXXXX010J
Date Of Birth	12/07/1985
Occupation	INDOOR
Date Of Driving Pass	03/08/2012
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98312546
Fax Number	
Contact Number	OTHERS-98312546

Address BLK 348A YISHUN AVE 11
#15-545
Postcode 761348
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) 3
Passenger 1 NAME: : CLARA TAN KWEE JOO
GENDER: : FEMALE
Passenger 2 NAME: : JED ANDERS ANG ZHI MING
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 31 YISHUN CENTRAL, POSTCODE: 768827, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299
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

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number SHA5765T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI

RIC/Passport Number

SXXXX764Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name

ANG JUN SIONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMN5492C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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: 2/9/20

Driver's Signature

(If driver is not the policyholder)

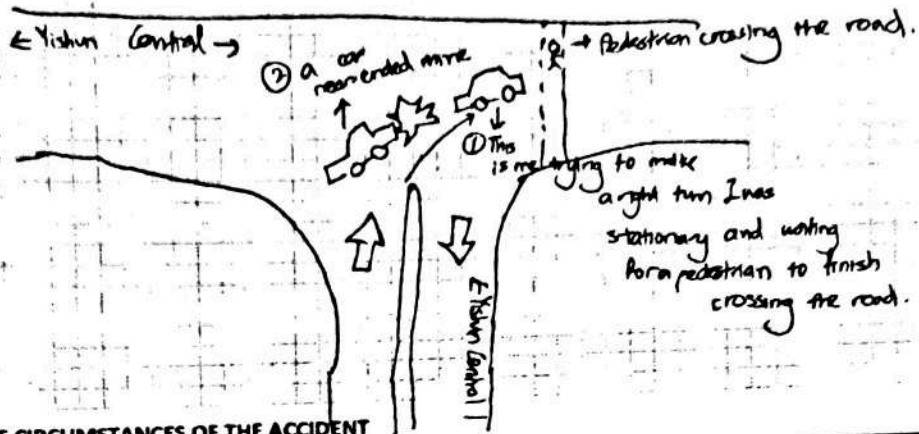
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

Policyholder's Signature

Date & Time: 2/9/20

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

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

File 2/9/2020



**SINGAPORE
POLICE FORCE**



T/20200901/2098

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 4

Report No: T/20200901/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2020 19:35		Vide Report No.:		Station Diary No.: 116	
Name of Informant: ANG JUN SIONG			Address: APT BLK 348A YISHUN AVENUE 11 #15-545 SINGAPORE 761348		
IC Type / ID No.: NRIC NO / S8520010J			Contact No.: Home/Office:		Mobile: 98312546
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 12/07/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAF REGULAR			Driving Licence Information: Class: 3		Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2020 15:05	Type of Location: T-Junction
Location: YISHUN CENTRAL 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

SHA5765T	Taxi	TOYOTA	PRIUS HYBRID	Blue		0
SMN5492C	Car	HONDA	FIT 1.3GF CVT	Blue	Slightly Damaged	2

SMN5492C	AXA INSURANCE SINGAPORE PTE LTD	GA492648	16/08/2020	15/08/2021
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**SINGAPORE
POLICE FORCE**



T/20200901/2098

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20200901/2098

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	LIM TENG SENG	ID No.	S0176764Z
Related Vehicle	SHA5765T (Taxi)	Contact No.	92778447
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
Name	CLARA TAN KWEE JOO	ID No.	S8505501A
Related Vehicle	SMN5492C (Car)	Contact No.	97538660
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
Name	ANG JUN SIONG	ID No.	S8520010J
Related Vehicle	SMN5492C (Car)	Contact No.	98312546
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/09/2020	Date Discharge	01/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20200901/2098

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20200901/2098

CONTINUATION OF REPORT

Name	JED ANDERS ANG ZHI MING	ID No.	T1930883E
Related Vehicle	SMN5492C (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
Nc. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/09/2020 at about 1505hrs, I was driving my vehicle SMN5492C (dark blue Honda Fit) along Yishun Central 1, wanting to turn right at the T-Junction to Yishun Central. My wife and 10 months old son were my passengers at that point of time.

When making the right at the T-Junction to Yishun Central, I stopped my vehicle in a stationary state before reaching the pedestrian crossing of said T-junction to check for oncoming pedestrians and vehicles.

My vehicle was at the first position before the pedestrian crossing; thereafter one vehicle SHA5765T (Blue Toyota Prius Hybrid) which was travelling behind my vehicle, had collided onto the rear portion of my vehicle.

I observed that the said taxi driver did not sustain any visible injuries. After the incident, we exchanged our particulars and the other party left. I went to Khoo Teck Puat Hospital to seek medical treatment as I felt dizzy after the incident; thereafter I was given 3 days of outpatient sick leave. I did not sustained any visible injuries at this point of time.

My wife and my son had yet to seek any medical treatment. No Traffic Police officers or ambulance were at scene. I had vehicle camera installed on both front & rear to my vehicle. I had already informed my insurance company about the incident.



**SINGAPORE
POLICE FORCE**



T/20200901/2098

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Report No. T/20200901/2098

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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:

L /

Staff Sgt LAU JIXIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/09/2020 19:35

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP168

Classification Of Case:

Signature:

Singapore Police Force