

ASS. REC. BY:

REF: CS/AGI20014164/Avf3

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: **SMV 7170B**

Policy No. _____

Claims No. **C10008405/CH**

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: _____ 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: **SMV 7170B** Yr Regn: **2016, June**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Volkswagen Golf** c.c. **1395**Colour: **Blue** A/C: Insured / Std / NI / NASp. Reading: **54764** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **WVW ZZZ AUZGW 164420**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: **225/40R18**R: **225/40R18**

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

TOYO / YOKO or

Front

Rear

R/Bal. **06** mm R/Bal. **06** mmL/Bal. **06** mm L/Bal. **06** mmD.O.A. **17/12/20** D.O.I. **23/12/20**Survey held at **Kany**Des. of Damages: Frt / Rear / O/S / **N/S** / U/C / Rooftop or

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

Date / Time	Action / Instruction
	TP Budget Direct.
15/6/21	Adrian confirmed LS \$1800 (Red 1932.55, 52%)
	MV:
	PV:
	Nett:

Date/Time, File Pass to?



: Preli. Report



: Final Report

1)

Date/Time, File Return to?

2) 15/6/21-Typist

Days Of Repair: **3**

Resurvey No. of Trip: _____

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Insp (\$)



: Weekend (\$)

Survey Fee:

Transportation:

3 + RS \$

Photos

Others

TOTAL

Report Format: **TP**Lump Sum / L.B.H: **LS \$1800**

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 Submission	18/12/2020 15:30 (SGT)
Date of Accident	17/12/2020 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EAST COAST PARKWAY, KNS RESTAURANT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV7170B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG WEIHUA RODNEY
NRIC No	SXXXX098F
Email Address	RODNEYNGWH@GMAIL.COM
Mobile Phone No	(Phone) +65-90611238
Alternative Phone No	+65-90611238

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119894615
Cover Note Number	DRIVO CLASSIC

DRIVER

Name of Driver	NG WEIHUA RODNEY
NRIC No	SXXXX098F
Date Of Birth	30/06/1987
Occupation	Indoor

Date Of Driving Pass	12/11/2020
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90611238
Alt. Phone Number	+65-90611238
Email Address	RODNEYNGWH@GMAIL.COM
Address	BLK 403 FAJAR RD #08-247
Address complement	-
Postcode	670403
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	River Valley Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002789999
Alt. Police Station Phone No	(Fax) +65-62786427
Police Station Address	Blk 4 Delta Avenue #01-02 Singapore 161004
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED POLICE REPORT NO : T/20201217/2111

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH6587A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name MICHELLE
 Phone (Phone) +65-91184091
 Email -

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 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.

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

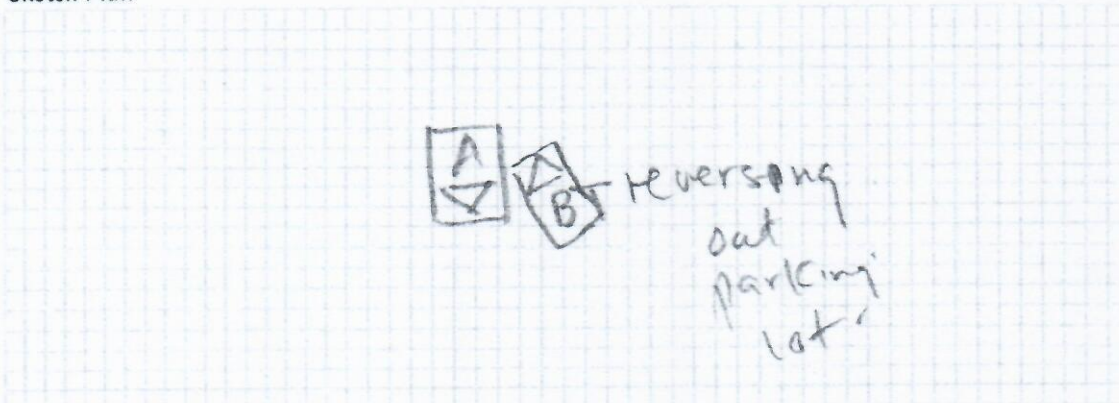
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

18/12/2020
12:40 pm

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

See attached Police Report No. T/20201217/2111

Declaration

We declare the foregoing particulars are true in every respect.

18/12/2020
12:40pm

Policy holder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20201217/2111

1 of 3

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20201217/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2020 19:26	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: NG WEIHUA, RODNEY			Address: APT BLK 403 FAJAR ROAD #08-247 SINGAPORE 670403	
ID Type / ID No.: NRIC NO / S8719098F			Contact No.: Home/Office: Mobile: 90611238	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 33	Date of Birth: 30/06/1987	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: AVP COMMUNICATION			Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/12/2020 15:00	Type of Location: Car Park
Location: EAST COAST PARKWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 30 Km/h
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMV7170B	Car	VOLKSWAGO N	GOLF 1.4 TSI AT 5G13HZ HID SR	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMV7170B	NTUC Income Insurance Co-Operative Limited	5119894615	21/11/2020	22/12/2021



**SINGAPORE
POLICE FORCE**



T/20201217/2111

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

2 of 3

Report No. T/20201217/2111

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG WEIHUA, RODNEY	ID No.	S8719098F
Related Vehicle	SMV7170B (Car)	Contact No.	90611238
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/12/2020, at about 1500hrs I parked my Blue GOLF 1.4 TSI AT 5G13HZ HID SR bearing SMV7170B at the said parking lot 77 of East Coast Park carpark 3.

When about 1700hrs I went back to the carpark to retrieved my vehicle I discovered a notes was left behind mentioning that she witnessed a Grey Mercedes bearing SLH6587A knock onto my left door .

Subsequently I went to check and discovered there is scratches and dented on my left side of the car door.

The witness also send me a video captured by her in car camera of the incident

And the incident happened around between 1545 - 1605hrs

I am also have a in car camera

Witness details

Michelle
91184091



**SINGAPORE
POLICE FORCE**



T/20201217/2111

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

3 of 3

Report No. T/20201217/2111

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:

E /

Sgt 2 LUI CHONGLU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/12/2020 19:26

Officer In Charge Of Case:

TP / HRT /

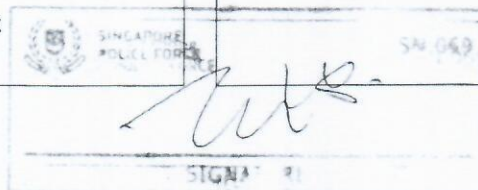
SI NOR AFFENDY BIN JAFFAR

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168



Hi,

I witnessed a car knocking
the left door of your car.

It is a Grey Merz SLH 6587A

You may call me at 91184091

Michelle. I can provide you the
video. Thanks!