

ASS. REC. BY:

REF:

STP 21000283 Kvd3

Kenneth

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:

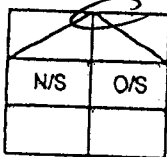
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.:

Yes or No

Lum Sum:

20

%

3 Val.:

Yes or No

CA / REV / REP

03/29

24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SOV 88507

Yr Regn:

04, 09

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

Truck / Trailer or

Make:

MC C200 Komp.c 1786

Colour:

D.Blue

A/C: Insured / Std / NI / NA

Sp. Reading

118092

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WOD 2040412A159138

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rlm / STD A/Rlm or

Tyre Size:

F:

225/45 R17

R:

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal.

9

mm

R/Bal.

6

mm

L/Bal.

9

mm

L/Bal.

6

mm

D.O.A.

1/11/20

D.O.I.

6/1/2021

Survey held at

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

151 015

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

Date / Time

Action / Instruction

1 To Submit report ASAP

6/1 11:00 @ 2450/h To Submit (Red 1959.80, 44%)

Date/Time, File Pass to?

☐

: Prel. Report

☐

: Final Report

1)

Date/Time, File Return to?

2) 8/1/21-Typist

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format: TP

Lump Sum / t.b.t. (\$ 2450

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 02/11/2020 14:57
Date Of Accident 01/11/2020 11:30
Exact Location Of Accident BLK 165 EXIT/ENTRANCE TOWARDS YISHUN RING ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDV8850Y
Insured/Policyholder
Name Of Registered Owner HAN YEE YEN
NRIC No SXXXX460Z
Email Address YEEYENHAN1@GMAIL.COM
Mobile Phone No (LOCAL) +65-96205661
Alternative Phone No OTHERS-96205661
Vehicle Particulars
Manufacturer MERCEDES-BENZ
Model C
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
If No, Please state action to be taken THIRD PARTY
Vehicle Category PRIVATE CAR
Insurance Company
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5108180673-01
Cover Note Number
Driver
Name of Driver HAN YEE YEN
NRIC No SXXXX460Z
Date Of Birth 23/07/1954
Occupation INDOOR
Date Of Driving Pass 01/08/1979
Driving Experience 41 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96205661
Fax Number
Contact Number OTHERS-96205661

Sketch Plan

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.
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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:

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLZ7003S
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NA (RIDER)
Approximate Age	
Injuries Sustain	REFER POLICE REPORT
Injured person in which vehicle?	FZ8298Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	NA NA
Postcode	NA

Address APT BLK 104A ANG MO KIO STREET 11
#03-67 SINGAPORE
Postcode 560104
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 CHAIN COLLISION
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 3
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? YES
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) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name KEBUN BARU NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 111 ANG MO KIO AVENUE 4, POSTCODE: 560111, COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4589999 - FAX NO: 64574454
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED. VEHICLE A(SDV8850Y) IS AT TRAFFIC POLICE COMPOUND.

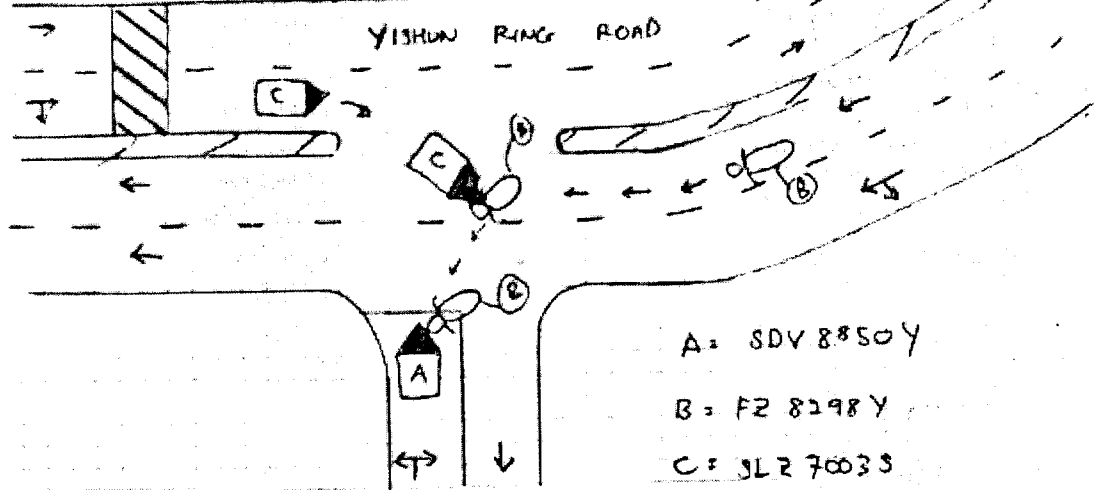
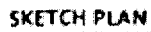
Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FZ8298Y
Vehicle Make/Model/Colour NA
Details Of Properties NA
Vehicle Category MOTORCYCLE
Name of Driver NA
NRIC/Passport Number
Contact Number
Address
Postcode

Sketch Plan #2



A: SDV 8850 Y

B - FZ 8298 Y

C: 9L2 7003 S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: L/20201101/0103

DECLARATION

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

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/20201101/2067

1 of 3

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20201101/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2020 18:02	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: HAN YEE YEN			Address: APT BLK 104A ANG MO KIO STREET 11 #03-67 SINGAPORE 560104	
ID Type / ID No.: NRIC NO / S0180460Z			Contact No.: Home/Office: Mobile: 96205661	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 66	Date of Birth: 23/07/1954	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/11/2020 11:30	Type of Location: T-Junction
Location: YISHUN RING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FZ8298Y	Motorcycle				Seriously Damaged	0
SDV8850Y	Car	MERCEDES BENZ	C200 A	Blue	Slightly Damaged	0
SLZ7003S	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20201101/2067

2 of 3

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20201101/2067

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SDV8850Y	NTUC Income Insurance Co-Operative Limited	5108180673-01	14/04/2020	13/04/2021

Brief Details.

On 01/11/2020 at about 1130hrs, I was at the gantry waiting to turn left to Yishun Ring Road near to Blk 165 Yishun Ring Road. Something hit onto my front right bumper which is one motorcycle (FZ8298Y). I got off from my car and realized that there is an accident between FZ8298Y and one car SLZ7003S. There is a crack on my front right bumper. I do not witness the accident. Ambulance came and conveyed the rider to hospital. Traffic police came and told me to lodge a report about the accident reference L//20201101/0103. I wish to state that I am not involved in the accident and my car was stationary at that moment of the accident.



**SINGAPORE
POLICE FORCE**



T/20201101/2067

3 of 3

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

Report No. T/20201101/2067

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 /
SI QUEK CHAW YUEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476214

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/11/2020 18:02

Classification Of Case:

威利摩哆 WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.

TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com
Business Regn No: 269436/00J

05, Jan 2020

Mr Han Yee Yen
Blk 104A Ang Mo Kio St 11 #03-67
S 560104

Not Authorized
61 Rps @ 245dp
Resurvey After Paint
3 days

Accident involving vehicle no: SDV8850Y/FZ8298Y/SLZ7003S
DOA: 01/11/2020 AT Yishun Ring Road

Dear Mr Han
Re: Estimate cost of repair for vehicle no: SDV8850Y
To supply--

Description	Qty	Amount
Front bumper <i>1255</i>	1 <i>CRH/A</i>	1400.00 ✓
Bumper enforcement	1 <i>R</i>	300.00 X
Bumper sponge	1 <i>fu</i>	200.00 X
Bumper lower grille	1 <i>Rd</i>	110.00 ✓
Bumper foglamp	1 <i>mgm</i>	300.00 ✓
Foglamp cover	1 <i>Rd</i>	50.00 ✓
Lower chrome R n L @110	2 <i>mc</i>	220.00 ✓
Tow cover	1 <i>Rn</i>	80.00 X
Engine lower cover	1 <i>CM</i>	300.00 ✓
Clip	1 <i>mc</i>	42.00 ✓
Inter cooler lower bracket,Rh	1 <i>G/O's</i>	130.00 ✓
Horn,Rh	1 <i>CM</i>	290.00 ✓
Parts		3,422.00
Parts less 10%		342.20
		3,079.80

To remove/reinstall radiator,inter cooler
To remove damaged parts and attachments
Repair all dented areas
Replace/align all parts into position
To spray paint

180.00 *100%*

750.00 *300%*
400.00 *250%*

4,409.80

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: