

ASS. REC. BY:

Steve

CS/CT121005188/Eqf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SMC 6685P

at Workshop m/s ACCORD AUTO

of _____

Insured: SKM 899A

Policy No. DMPCSNAA00172512003

Claims No. SNM21D202365C02

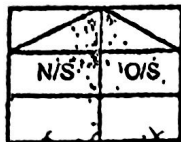
Sum Insured: _____ Excess: _____

(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

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

Est. Repairs: 4 days Res.: Yes or No

Cum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMC 6685P

Yr Regn: 17/7/09

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

Truck / Trailer or

Make: Nissan

c.c. 1498

Colour: Grey

A/C: Insured / Std / NI / N

Sp. Reading: 176706

T/Radio: Insured / Std / NI / N

Eng/No: _____

C/No: JN1RAAC120021613

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/55R16

R: 11

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

TOYO / YOKO or

Front

Rear

R/Bal. 4 mm

R/Bal. 4 mm

L/Bal. 4 mm

L/Bal. 4 mm

D.O.A. 23/4/21

D.O.A. 23/4/21

Survey held at Accord Auto

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

MV-20K

30/04/21 @10.28am revised to Alfred Toh by email.

Confirmed final fig L/S \$1900. 4 repair days

(RED \$4198.70: 69%)

Date/Time, File, Pass to?

☐

Prell. Report

18/6 TYPIST

☐

Final Report

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS \$1

Phone

Others

TOTAL

Add Fee:

☐

Site Insp

(\$

☐

Interview

(\$

☐

Tech. Inve

(\$

☐

Weld and

(\$

30/4/21

TP

Cum Sum / L/S

\$1900

ACCORD AUTO SERVICES PTE LTD

BLOCK 1009 BUKIT MERAH LANE 3

#01-80 SINGAPORE 159723

TEL. 62715133/ 62717433 FAX. 62745715

ESTIMATE REPAIR

China Taiping Insurance (Singapore) Pte Ltd

Date: 27.4.2021

Owner's Name : Yeoh Chong Heng

Vehicle No : SMC6685P

Vehicle Make & Model : Nissan Latio 1.5L AT ABS

Claim Type: Third Party Claim

Chassis No: JN1BAAC11Z0021613

Registration Date : 17 July 2009 (YOM 2009) COE Expiry Date 30 Apr 2024

DOA: 26.4.2021

[illegible]

Total (A) :	\$	4,497.65
Less 30% :	\$	1,488.95
Total :	\$	3,008.70

U.

#01-80 SINGAPORE 159723

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ESTIMATE REPAIR
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Claim Type: Third Party Claim

Chassis No: WDD2120472A093337

DOA: 26.4.2021

200

Acknowledged by Repairer

Signature: _____

Date:

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	26/04/2021 10:06 (SGT)
Date of Accident	23/04/2021 13:26 (SGT)
Exact Location of Accident	Near 202 Depot Rd, Singapore 109695
Additional Location Information	AYE TOWARDS CITY(AFTER ALEXANDRA EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC6685P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YEOH CHONG HENG
NRIC No	SXXXX205E
Email Address	bryan78@singnet.com.sg
Mobile Phone No	(Phone) +65-98003090
Alternative Phone No	+65-98003090

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Latio
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
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01009900
Cover Note Number	-

DRIVER

Name of Driver	YEOH CHONG HENG
NRIC No	SXXXX205E

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

20/07/1978
 Indoor
 12/03/1998
 23 YEARS AND 1 MONTH
 Male
 (Phone) +65-98003090
 +65-98003090
 bryan78@singnet.com.sg
 BLK 439A BUKIT BATOK WEST AVE 8 #08-989

651439

Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Head to Rear
 Clear
 Dry

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

PASSENGER 1

Name YANG FEI
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ACCIDENT SKETCH PLAN.

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

Vehicle Registration Number SKM899A
 Vehicle Manufacturer Mini
 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)

MATTHEW EE
 (Phone) +65-83330430

INJURED PERSONS DETAILS

INJURED 1

Name of injured person
 Address
 Address Complement
 Post Code
 Approximate Age Years Old
 Injuries Sustained
 Injured person in which vehicle?
 Were seat belts worn?
 Was this injured conveyed to hospital by ambulance?

YEOH CHONG HENG

-

-

-

-

-

SMC6685P

Yes

No

SKETCH PLAN

Veh A: SMC 6685 P
Veh B: SIM 849A

IMPORTANT NOTICE

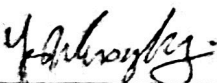
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8. Consent under the Personal Data Protection Act (PDPA)

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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature
Date & Time:



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

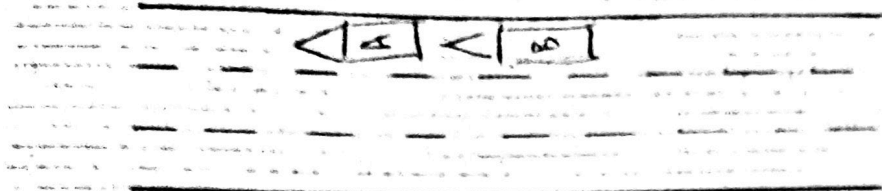


Reporting Centre Personnel's Signature
Name: (du li)
NRIC/FIN No.:

SKETCH PLAN

Veh A: SMC 6655P

Veh B: SKM 599A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 April 2021 around 1:26pm my car was travelling along AYE from Clementi towards city.

Somewhere after the Alexandra exit and before Lower Delta exit, a few cars in front of me suddenly applied emergency brake. I also braked.

The car behind could not brake in time and banged into the rear of my car. My wife was in the car with me. She is fine but I have pains in my lower back and knees after the accident.

DECLARATION

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

Policyholder's Signature

Date & Time: 24/04/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name: Colin Lau

NRIC/FIN No.: