# ASSIGNMENT

From: Date:	Veh No: SLR 6471Y. Yr Regn: 2017, August
From: Date:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Honda KHRV c.c 1496
at Workshop m/s	Colour Priple - A/C: Insured / Std / NI / NA
of	Sp.Reading 50257. T/Radio: Insured / Std / NI / NA
insured:	Eng/No:
Policy No.	C/No: JAMRUI8109x202874
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or
West of the second seco	Tyre Size: F: 215/60R16-
(Policy Condition)	R: 015/60R16
Remark: The veh had commenced its N/S O/S	BS DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. or Market Value:	Front / Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 66 mm R/Bal. 56 mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. 06 mm L/Bal. 06 mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 03/05/21
Lum Sum: % 3 Val.: Yes or No	'Survey held at NHT.
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OU	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
IT AIG.	
	A STANCES
mv ·	With the State of
MV:	A CONTRACTOR OF THE CONTRACTOR
PV:	
PV:	
PV: Nett;	Days Of Repair:
PV: Nett:  Date/Time, File Pass to? : Preli. Report	Days Of Repair:  Resurvey No. of Trip:  Survey Fee:
PV: Nett:  Date/Time, File Pass to? : Preli. Report : Final Report	
PV: Nett:  Date/Time, File Pass to? : Preli. Report  1) Date/Time, File Return to?  Add F.	Resurvey No. of Trip: Survey Fee: Transportation:
PV: Nett:  Date/Time, File Pass to? : Preli. Report : Final Report  Date/Time, File Return to?*	Resurvey No. of Trip: Survey Fee: Transportation:
Date/Time, File Pass to?  Date/Time, File Pass to?  : Preli. Report  : Final Report  2)  Add Formula (Content to Pass	Resurvey No. of Trip:         Survey Fee:           Transportation:
Date/Time, File Pass to?  Date/Time, File Pass to?  : Preli. Report  : Final Report  Date/Time, File Return to?"	Resurvey No. of Trip:         Survey Fee:           Transportation:

## SKETCH PLAN

Adrian LHE ALG - MPL

### 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
- 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.
- 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.
- 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.
- 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 ("GtA") 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:
  - 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

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[*]		A: SLRE4718
XD		B: SKM 4360K
×		
	Bishan St 11 OSCP	
K D	11 000	
× D		
R PARTY		

RO-ON C	plice	rahad	N6 1	T nox	Kypx	120086	1150	5_	
rela	off ac	16 4014	1107	1	0300	1006	/		
				P			 		
			00000					7	
			MATERIAL PROPERTY.						
							 	-	
			-				 		
							 .8.		

DECLARATION

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

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

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





1 of 3

Report No. T/20210502/7006

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2021 15:36			Vide Report No.:		Station Diary No.:		
Informant'	s Particul	ars			<b>经产业的基础证明</b>		
Name of Informant: HO JIUN CHYI			Address: 8 HOUGANG STREET 32 #13-16 SINGAPORE 534038				
ID Type / ID No.: NRIC NO / S7924596H			Contact No.: Home/Office: Mobile: 93697514				
Nationality: SINGAPORE CITIZEN		N	Email: TIMOHOSG@YAHOO.COM.SG				
Sex:         Age:         Date of Birth:           Male         41         23/08/1979			Type of Informant: Vehicle Owner				
Race: Chinese			Language: Institution / School Nam English		School Name:		
Occupation: Ship broker			Driving Licence Information: Class: Date of Expiry:		piry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/05/2021 12:25	Type of Location Car Park	
Location:					
BISHAN STR	EET 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis	sion: ele Against - Parked Ve	ehicle		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKM4360K	Car	AUDI	A4	Black	Slightly Damaged	1
SLR6471Y	Car	HONDA	HRV	Black	Slightly Damaged	2





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210502/7006

### CONTINUATION OF REPORT

<b>Details of V</b>	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR6471Y	LIBERTY INSURANCE PTE LTD	SD19V09664/VPC2 /R01	23/08/2019	22/08/2021

<b>Details of Perso</b>	n Involved	100 THE O					
Any Pedestrian I	nvolved: No						
No. of Pedestrians Injured: NIL Use of			Use of Ped	of Pedestrian Crossing: NA			
Vehicle Owner							
Name	HO JIUN CHYI	HO JIUN CHYI				S7924596H	
Related Vehicle	NIL		Contact No.		93697514		
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

## Brief Details.

I am the Owner of the stationary car Honda HRV SLR6471Y, which I had parked my car at the Open Air Street Level Car Park at Bishan Street 11 around 12.05pm noon. When I returned back to the car around 1.15pm. I found my car's front right bumper had a very big dent and at the same time, I found a piece of paper from 2 eye-witnesses, which wrote "Time 12.30-12.35, 2/5. Audi hit your car SKM4360K." Immediately, I asked around and also look around the area if this car can be found but in vain. I had extracted from my car's camera, a total of 16 clips from time 12:26:23 up to 12:41:29 on the whole incident up to the eye-witnesses who left the slip. By far, the 1st clip shows the lady driver of Black Audi A4 SKM4360K under a "P" Plate, was reversing the car into the lot next to mine ie right hand side. In the reversing, it was obvious from the video that she had bumped into my car around 12:27:28 and had left the scene at 12:34:45 without leaving any contact detail. After assessing the scene, which I had also took the photo of my car within the white box with ample space as evidence, I had decided to drive back home and made this report online.





3 of 3

Report No. T/20210502/7006

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

## CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2021 15:36
Officer In Charge Of Case: TP / TPIB / GOH GEOK LYE Contact No.: 65476148	Classification Of Case: