

ASS. REC. BY:

REF:

A/G/ 210050381K

## 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:

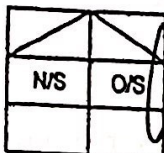
Excess:

(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:

08

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

STJ 18PPZ

Yr Regn:

12, 17

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

Truck / Trailer or

Make:

Honda Vezel

c.c

1496

Colour

M. Red

A/C: Insured / Std / NI / NA

Sp. Reading

49067

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RU3

1262595

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

225/50R18

R:

BS / BUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

6

mm

L/Bal.

7

mm

L/Bal.

6

mm

D.O.A.

6/5/21

D.O.I.

10/5/2021

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or

o/s body

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

Date / Time

Action / Instruction

Got B1

Date/Time, File Pass to?

☐

: Prell. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS, St

Furnos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I: (\$



BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535

e-mail : [c2msvc@singnet.com.sg](mailto:c2msvc@singnet.com.sg)

Page : 1  
Date : 10/05/2021

Not Notarized  
6/1/99  
Recovery After Pain  
LTD

: SJJ 1898-1-10-NDP-IV-Confidential 5  
:  
: • Third party survey is on a "Without Prejudice" basis  
: 06/05/2021 • No legal modification(s) is allowed  
: • Supplementary item(s) must be resurveyed and  
is subject to final approval from Insurance Company

**Signature:**

Date:

B <sub>1</sub>	1,289.20	✓
K	67.20	X
K	67.20	X
	423.50	?
B <sub>2</sub>	580.60	—
	130.60	?
K	153.20	X
B <sub>1</sub>	1,987.80	✓
G <sub>1</sub>	186.60	✓
K	88.80	X
K	88.80	X
K	262.30	X
B <sub>2</sub>	1,876.30	✓
M <sub>1</sub>	1,025.20	✓
K	245.60	X
K	933.50	X
D <sub>2</sub>	172.10	✓
B <sub>2</sub> /B <sub>1</sub>	195.20	✓
B <sub>2</sub>	765.40	✓
	<u>10,539.10</u>	
	<u>2,107.82</u>	
		8,431.28

LESS : 20%

8,431.28

20 4 WHEELS ALIGNMENT WITH COMPUTER RE-SET  
21 STRIP / REFIT CUSHION SEAT / CARPET & ROOF TOP  
CUSHION  
22 KNOCKING PUSH OUT RIGHT SIDE ACCIDENT PARTS  
CUT & WELD DOOR PILLARS STRIP / REFIT  
ABOVE ACCESSORIES  
23 SPRAY PAINT & SPRAY ANTI-TUFF-KOTE ON RIGHT SIDE  
ACCIDENT AFFECTED AREAS

80.00 601

480.00 1201

1,800,00 9001

1,200.00 1100/

11,991,28



## 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	08/05/2021 13:03 (SGT)
Date of Accident	06/05/2021 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Ang Mo Kio Avenue 5, Blk 605 Carpark
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1898Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Tee Wei Chuan
NRIC No	SXXXX020I
Email Address	teeweichuan@hotmail.com
Mobile Phone No	(Phone) +65-98356698
Alternative Phone No	+65-98356698

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1496

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5096495050-03 (CLASSIC)
Cover Note Number	-

### DRIVER


Name of Driver	NG AKOON
NRIC No	SXXXX587J





SECRET

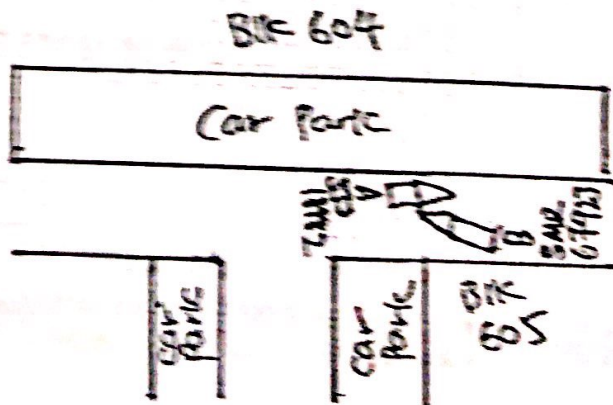
IMPORTANT NOTICE

1. These reports represent the results of the accident investigation.
  2. This Report is to be completed by the Policyholder under the Motor Third Party.
  3. Information provided must be truthful and accurate as far as the facts are known or believed to be true. It is the responsibility of the Policyholder to ensure that the information provided is correct and complete.
  4. The accuracy and completeness of the Policyholder's statement is a condition of the insurance cover.
  5. Any false or misleading information may be referred to the Police for investigation.
  6. The report will be forwarded by the insurers to the UK Motor Insurance Association (UKMIA) for processing and distribution of the report to the relevant UK insurers. It is the responsibility of the Policyholder to ensure that the information provided is correct and complete.
  7. By the completion of this report to the insurers, you hereby acknowledge that you have read and understood the terms and conditions of the insurance cover and you agree to indemnify the insurers against any claims or damages arising from the accident.
  8. Consent under the Personal Data Protection Act (PDPA)
- I, the undersigned, do hereby agree and consent that:
- (i) The insurers, the UK Motor Insurance Association (UKMIA), and the insurers' agents, may use the information provided in this report for the purpose of processing and distribution of the report to the relevant UK insurers. It is the responsibility of the Policyholder to ensure that the information provided is correct and complete.
  - (ii) The insurers, the UK Motor Insurance Association (UKMIA), and the insurers' agents, may use the information provided in this report for the purpose of processing and distribution of the report to the relevant UK insurers. It is the responsibility of the Policyholder to ensure that the information provided is correct and complete.
  - (iii) The insurers, the UK Motor Insurance Association (UKMIA), and the insurers' agents, may use the information provided in this report for the purpose of processing and distribution of the report to the relevant UK insurers. It is the responsibility of the Policyholder to ensure that the information provided is correct and complete.
  - (iv) The insurers, the UK Motor Insurance Association (UKMIA), and the insurers' agents, may use the information provided in this report for the purpose of processing and distribution of the report to the relevant UK insurers. It is the responsibility of the Policyholder to ensure that the information provided is correct and complete.
  - (v) The insurers, the UK Motor Insurance Association (UKMIA), and the insurers' agents, may use the information provided in this report for the purpose of processing and distribution of the report to the relevant UK insurers. It is the responsibility of the Policyholder to ensure that the information provided is correct and complete.
  - (vi) The insurers, the UK Motor Insurance Association (UKMIA), and the insurers' agents, may use the information provided in this report for the purpose of processing and distribution of the report to the relevant UK insurers. It is the responsibility of the Policyholder to ensure that the information provided is correct and complete.
  - (vii) The insurers, the UK Motor Insurance Association (UKMIA), and the insurers' agents, may use the information provided in this report for the purpose of processing and distribution of the report to the relevant UK insurers. It is the responsibility of the Policyholder to ensure that the information provided is correct and complete.
  - (viii) The insurers, the UK Motor Insurance Association (UKMIA), and the insurers' agents, may use the information provided in this report for the purpose of processing and distribution of the report to the relevant UK insurers. It is the responsibility of the Policyholder to ensure that the information provided is correct and complete.
  - (ix) The insurers, the UK Motor Insurance Association (UKMIA), and the insurers' agents, may use the information provided in this report for the purpose of processing and distribution of the report to the relevant UK insurers. It is the responsibility of the Policyholder to ensure that the information provided is correct and complete.
  - (x) The insurers, the UK Motor Insurance Association (UKMIA), and the insurers' agents, may use the information provided in this report for the purpose of processing and distribution of the report to the relevant UK insurers. It is the responsibility of the Policyholder to ensure that the information provided is correct and complete.

  
Policyholder's Signature (Date & Time)  
Sketch Plan

  
Driver's Signature (Date & Time)

  
Witness's Signature (Date & Time)







# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999



T/20210507/2100

1 of 3

Report No. T/20210507/2100

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2021 19:26	Vide Report No.: F/20210506/0111	Station Diary No.: 17
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### Informant's Particulars

Name of Informant: NG AKOON		Address: APT BLK 605 ANG MO KIO AVENUE 5 #10-2717 SINGAPORE 560605	
ID Type / ID No.: NRIC NO / S1260587J		Contact No.: Home/Office: Mobile: 96221898	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 64	Date of Birth: 20/04/1957	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: OFFICE STAFF		Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/05/2021 14:45	Type of Location: Car Park
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ1898Z	Car				Slightly Damaged	0
SMR6792J	Car				Slightly Damaged	0

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210507/2100

2 of 3

Report No. T/20210507/2100

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	NG AKOON	ID No.	S1260587J
Related Vehicle	SJJ1898Z (Car)	Contact No.	96221898
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	HO WEI PENG	ID No.	NIL
Related Vehicle	SMR6792J (Car)	Contact No.	96734889
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

**Brief Details.**

On 06/05/21 at about 1445hrs, I was driving my vehicle (SJJ1898Z) around this OSCP of Block 605 Ang Mo Kio Avenue 5. I turned right wanting to find a parking spot when suddenly, this vehicle (SMR6792J) drove from my right side and collided straight onto my vehicle at the driver's side.

Upon collision, I called my son and he came down shortly. We then took photos, exchanged particulars and called for police and ambulance. Both police and ambulance came shortly and I was conveyed to Khoo Teck Puat Hospital. I wish to state that I have a video footage of the accident.

I was then given 3 days of MC by the doctor and was given a letter to go to a polyclinic for further check ups after I am done with the 3 days MC. I also suffered from a sprained neck from the accident.

I wish to state that the contact number provided in this report belongs to the father (Ho Thian Poh) of the other driver.

I am lodging this report for police investigation purposes.