

ASS. REC. BY:

REF:

CS/AIG21005679/Aqf3

## 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. **8334403467SG**

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: **3** 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: **SK2777A** Yr Regn: **2019 March**Type: **M.Car** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Bmw 730Li** C.C. **1998**Colour: **Black** A/C: Insured / Std / NI / NASp. Reading: **11483** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: **WBA7E020306913501**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **Inorder** / Jammed / Leaked / Burnt orBrake: **Inorder** / Jammed / Leaked / Burnt orModi: **Nil** / S/Rim / STD A/Rim orTyre Size: F: **245/45R19**R: **245/45R19**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. \_\_\_\_\_ D.O.I. **11/05/21**Survey held at **Unimotor**

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

**Front O/S**

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

Date / Time Action / Instruction

**TP AIG****LS \$6000, 3 days (Red \$6675.60, 53%)****MV:****PV:****Nett:**

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: **3**1) **17/11 Typist**☐ : Final ReportResurvey No. of Trip: **1**

Date/Time, File Return to?

2) \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_) ☐ : S + PS. SI☐ : Interview (\$ \_\_\_\_\_) Photos☐ : Tech. Invs (\$ \_\_\_\_\_) Others☐ : Weekend (\$ \_\_\_\_\_)Report Format: **MER-TP**Lump Sum / **6000**

Survey Fee:

Transportation:

TOTAL



# 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 GlA 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 09:51 (SGT)
Date of Accident	07/05/2021 11:40 (SGT)
Exact Location of Accident	321 Joo Chiat Pl, Singapore 427990
Additional Location Information	PARKWAY EAST HOSPITAL
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ777A
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## INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STARISLAND TRAVEL PTE LTD
Company Reg No	2XXXXX645M
Email Address	shiuwenyong@starislandtravel.com
Mobile Phone No	(Phone) +65-90250620
Alternative Phone No	+65-90250620

## VEHICLE PARTICULARS

Manufacturer	BMW
Model	730i
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	2000

## INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA529896
Cover Note Number	-

## DRIVER

Name of Driver	SHI WEN YONG
NRIC No	SXXXX516F

Date Of Birth	20/06/1990
Occupation	Indoor
Date Of Driving Pass	19/03/2013
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90250620
Alt. Phone Number	-
Email Address	shiwenyong@starislandtravel.com
Address	38 LORONG MARZUKI #03-01
Address complement	-
Postcode	417104
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Clear
Road Surface	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: G/20210507/7043

#### 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 1

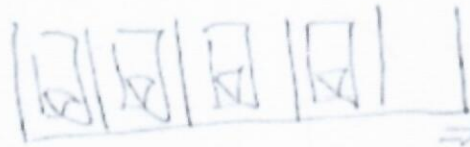
Vehicle Registration Number	SLA6842A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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





SKETCH PLAN



Parkway EAST  
Hospital

↑ on park

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ATT: 6/20210507/704B

EMAIL TO WORKSHOP UNIMOTUR CO  
unimotur@signet.com.sg

施文永

DECLARATION

We declare the foregoing is true in every respect

施文永

Holder's Signature  
Date & Time:

施文永

Driver's Signature  
(If driver is not the owner/holder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
Signature:



**SINGAPORE  
POLICE FORCE**



G/20210507/7043

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**POLICE REPORT (NP299)**

Report No. G/20210507/7043

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No. 1800-2440000

Date/Time Report Made 07/05/2021 16:02	Vide Report No.	Station Diary No.
Name Of Informant SHI WENYONG	Address 38 LORONG MARZUKI #03-01 SINGAPORE 417104	
ID Type / ID No. NRIC NO / S9074516F	Contact No. Home/Office:	Mobile: 90250620
Nationality SINGAPORE CITIZEN	Email Address SHIWENYONG@STARISLANDTRAVEL.COM	
Occupation	Sex	Age
Director (stage, film, television and radio)	Male	30
Institution/School Name	Date of Birth	20/06/1990
	Race	Chinese
	Language English	
Date/Time Of Incident 07/05/2021 11:40 - 07/05/2021 11:45	Location Of Incident 321 JOO CHIAT PLACE PARKWAY EAST HOSPITAL SINGAPORE 427990	

**Brief details.**

On this morning 2021-05-07 Friday, I drive my company vehicle plate number:SKZ777A MODEL:BMW 730LI to Parkway east hospital for regular check up as my wife is pregnant. I parked my vehicle at 11:30am and went to the clinic for check up. We done the check up at 12:10noon. So I come back to the carpark which I parked my car just now, then I realise there is a scratcher and damage at my car driver side front pumper. There was no any notes left at my vehicle windscreen. So I proceed for retrieve my car front camera cctv footage and realise there is a red car brand Volvo, plate number: SLA6842A. Which clearly hit my vehicle as there is sound impact at my cctv footage. The car which hit my vehicle

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: 07/05/2021 16:02
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

MEVBAE2

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**SINGAPORE  
POLICE FORCE**



G/20210507/7043

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210507/7043

then park opposite side of my vehicle after around 20 second the car left the open air carpark. So I think it is a hit and run case number please contact me or WhatsApp me at 90250620 anytime for the CCTV footage as the evidence.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

07/05/2021 16:02

Classification Of Case: