

ASS. REC. BY:

REF:

MSG/ 210057001Kt

C

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

05-21

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Vincent

Veh No:

SKN 84930

12/03/2013

Yr Regn:

03,13

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

Truck / Trailer or

Make:

Mc A200

c.c

1595

Colour

Black

A/C:

Insured / Std / NI / NA

Sp. Reading

80985

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

WDD1760432J058976

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:

R:

225/40R18

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

P

mm

D.O.A.

5/5/21

D.O.I.

21/5/2021

Survey held at

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

FR O/S

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

Date / Time

Action / Instruction

1

EM not ready

24/6

27501

no Ita

red:2139.32; 89%

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 1

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS. \$

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$) 1

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	06/05/2021 14:38 (SGT)
Date of Accident	05/05/2021 18:10 (SGT)
Exact Location of Accident	Hougang Ave 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN8493D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim May Li
NRIC No	SXXXX461C
Email Address	marcusljj92@gmail.com
Mobile Phone No	(Phone) +65-94787887
Alternative Phone No	+65-94787887

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
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	1595

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01001894
Cover Note Number	-

DRIVER

Name of Driver	Marcus Lee Jun Jie
NRIC No	SXXXX907H

Date Of Birth	16/02/1992
Occupation	Outdoor
Date Of Driving Pass	25/10/2012
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90877770
Alt. Phone Number	-
Email Address	marcusljj92@gmail.com
Address	Blk 680 Hougang Ave 8 #03-635
Address complement	-
Postcode	530680
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SDE71X
Insurance Company of Other Vehicle Owned by Driver	AXA Insurance Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	After rain
Road Surface	Wet

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Mika Phoebe Lee
Gender	Female

PASSENGER 2

Name	Miki Phylis Lee
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to police report.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBB3212B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

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.
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. 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.
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.
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.

<p><i>hm</i></p> <p>Policyholder's Signature / Date & Time</p>	<p><i>hfu</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p> <p style="text-align: center;">6/5/2021</p>	<p><i>AR</i></p> <p>Witnessed by Reporting Centre Personnel</p> <p style="text-align: right;">Angie Soh</p>
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Sketch Plan

rt02 signA

CARPAK GANTRY @ Hougang Ave 8

HG43 (Surface carpark)

A: SKN8493 D


B: FBB3212 B

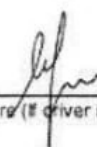
Describe Circumstances of the Accident


<p>I was queuing behind a motorbike (F883212B) while waiting for my turn to enter the carpark to go home.</p> <p>As the bike wasn't able to get his 14 scan on the gantry he attempt to reverse a few times to let the gantry detect his 14. By doing so on the last attempt of reversing, his rear wheel hang on to the parking lot at to the front of my bumper. Despite honking him he did not care about it</p> <p>please refer to police report</p> <p>The name of the repair workshop is STARS AUTOWORKS</p> <p>Angie Soh</p>

Declaration

We declare the foregoing particulars are true in every respect.

 0/5/2021
 Policyholder's Signature / Date & Time


 Driver's Signature (if driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel
Angie Soh





**SINGAPORE
POLICE FORCE**



F/20210505/7057

1 of 2

POLICE REPORT (NP299)

Report No. F/20210505/7057

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 05/05/2021 21:40	Vide Report No.	Station Diary No.		
Name Of Informant MARCUS LEE JUN JIE	Address 680 HOUGANG AVENUE 8 #03-635 SINGAPORE 530680			
ID Type / ID No. NRIC NO / S9204907H	Contact No. Home/Office:	Mobile: 90877770		
Nationality SINGAPORE CITIZEN	Email Address marcuslj92@gmail.com			
Occupation Sales and marketing manager	Sex Male	Age 29	Date of Birth 16/02/1992	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 05/05/2021 18:10 - 05/05/2021 18:15	Location Of Incident HOUGANG AVENUE 8			

Brief details.

I was queuing behind a motorbike (FBB3212B) while waiting for my turn to enter the carpark to go home at the gantry. As the bike wasn't able to get his IU scan on to the gantry he attempt to reverse a few times to let the gantry detect his IU. By doing so on the last attempt of reversing, his rear wheel bang on to the front of my bumper. Despite honking him he did not care about it and proceed to park at one of the parking lot of BLK 676 and walk away. I parked at one of the parking lot nearest to my house downstairs and went back to the place he park his motorbike and took a photo of the plate number. This accident happen on the 5th May 2021 @ 610pm-615pm.

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210505/7057

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210505/7057

Subjects Involved			
Victim			
Person Name	MARCUS LEE JUN JIE		
ID Type	NRIC NO	ID No	S9204907H
Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Sales and marketing manager	Address	680 HOUGANG AVENUE 8 #03-635 SINGAPORE 530680
Mobile No	90877770	Is Informant A Victim?	Yes
Person Name	MARCUS LEE JUN JIE (Informant)		

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:

05/05/2021 21:40

Classification Of Case:

Stars Autoworks

160 Sin Ming Drive
#06-21 Sin Ming AutoCity
Singapore 575722
Email: starsautoworks@gmail.com

LIM MAY LI
BLK 680 HOUGANG AVE 8
#03-635
SINGAPORE 530680

DATE : 11/05/2021
VEHICLE NO : SKN 8493 S
MAKE/MODEL : Mercedes A200
ACC DATE : 05/05/2021

PARTICULAR		AMOUNT S\$
LIST ITEMS:		
1	1 FRONT BUMPER	R 1,654.80 X
	Less Discount:	10% 165.48
		1,489.32
LABOUR CHARGES:		
1	TO CHECK WIRIRNG	nn 50.00 X
2	TO PANEL BEATING, REMOVING & REPLACING OF NEW PARTS	nn 250.00 X
3	TO SPRAY PAINTING ON AFFECTED AREA	600.00 250/
		900.00
GRAND TOTAL:		2,389.32

Singapore Dollars: Two Thousand Three Hundred And Eighty Nine And Cents Thirty Two Only.


Stars Autoworks



Not Withheld
@ 250h
Money After Paint

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: