

ASS. REC. BY:

REF:

CS/LPC21007087/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. **20/21/21/VC05/024700**

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: **4** 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:

**FBL3ISSP**Yr Regn: **2016 / Sept.**Type: M.Car / **M.Cycle** / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

**Honda CBF150**C.C. **184**

Colour

**Black**

A/C: Insured / Std / NI / NA

Sp. Reading

**69343**

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

**LW BMC4692H1104197**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt orModi: Nil / **S/Rim** / STD A/Rim or

Tyre Size:

F:

**110/70R17**

R:

**120/70R17**BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / **PIR** / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

**06**

mm

R/Bal.

**06**

mm

L/Bal.

**06**

mm

L/Bal.

**06**

mm

D.O.A.

D.O.I.

**05/07/21**

Survey held at

**JEC**Des. of Damages: **Fr** / Rear / O/S / **N/S** / U/C / Rooftop or

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

Date / Time

Action / Instruction

**TP LonPac**

07/07/21@4.57pm Informed Gerald, we are pending estimate from repairer.

02/11/21@5.08pm revised to Kenny Lim by email.

MV :

PV :

Nett :

LS \$2250, 4 days. (Red \$2614, 54%)

Date/Time, File Pass to?

☐

Preli. Report

1) 02/11 Typist

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: **4**Resurvey No. of Trip: **2**

Survey Fee:

Transportation:

S + PS. \$

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format: **TP**Lump Sum / TP Fee: **2250**

## 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	25/06/2021 11:32 (SGT)
Date of Accident	24/06/2021 09:00 (SGT)
Exact Location of Accident	Ghim Moh, Singapore
Additional Location Information	BLK 19 GHIM MOH ROAD CARPARK CLGM2
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3195P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TEO WEE SHIUM
NRIC No	SXXXX058C
Email Address	weeshium@hotmail.com
Mobile Phone No	(Phone) +65-90485250
Alternative Phone No	+65-90485250

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	CBF190WH
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	Motorcycle
Transmission	Auto
CC	190

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MSD/VMS/20-416512-CA
Cover Note Number	-

### DRIVER

Name of Driver	TEO WEE SHIUM
NRIC No	SXXXX058C



Date Of Birth	15/11/1984
Occupation	Indoor
Date Of Driving Pass	17/12/2007
Driving experience	13 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90485250
Alt. Phone Number	+65-90485250
Email Address	weeshium@hotmail.com
Address	Blk 108 bedok north rd, #12-2212
Address complement	-
Postcode	S460108
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SCM9801S
Insurance Company of Other Vehicle Owned by Driver	Sompo Insurance Singapore Pte. Ltd.

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	LAW LE TENG
Gender	Female

#### DETAILS OF POLICE ACTION

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

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN.

#### 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	YP8668R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle

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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	TEO WEE SHIUM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBL3195P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

### INJURED 2

Name of injured person	LAW LE TENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBL3195P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



1

Describe Circumstances of the Accident

On the 28<sup>th</sup> June 2017 at about 9am,  
I entered an open compound at 51E 19 Glin Mah Rd.  
I was following behind a lorry (4P8668R) to  
look for motorcycle lots. The lorry stopped to let  
another car out from a parking lot so he could park  
there. I also stopped behind the lorry. The lorry  
suddenly start reversing and hit into my motorcycle.  
He did not stop after I sounded my horn  
multiple times. He only stopped after I  
palm on his vehicle after I recovered myself  
from falling off my motorcycle.  
My and my wife suffered injury.

Can you also please furnish me with the following information?

Business Name - Common Man Coffee Roasters Int. P/L  
Vehicle Reg. No. - GX1530X  
Driver Name - Neo Rui Ming, Nio-Runsee  
Driver IC - S8838597G  
Insurance Provider - EQ Insurance

Here are the details you've requested:

Declaration

We declare the foregoing particulars are true in every respect.

Hi There,

Subject: [Spam-pop3] Incident at CK Tangs  
To: jsevents@singnet.com.sg  
Sent: Friday, 7 July, 2017 1:13 PM  
From: Matthew M. Leitch  
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time: 25 JUN 2017  
Time: 1030am



Signature of Matthew M. Leitch



Date & Time: \_\_\_\_\_

Policyholder's Signature \_\_\_\_\_

Date & Time: \_\_\_\_\_

Driver's Signature (if driver is not the policyholder) \_\_\_\_\_

Date & Time: \_\_\_\_\_

Witnessed by Reporting Centre Personnel \_\_\_\_\_

**SKETCH PLAN**

**IMPORTANT NOTICE**

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

**Declaration**

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 willful 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 company.

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 the 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 be 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 the 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 other 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 be 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 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.

Remarks: Please forward a copy of my entire accident report to \_\_\_\_\_

My workshop \_\_\_\_\_

Email Address \_\_\_\_\_

& Myself \_\_\_\_\_

Policyholder's Signature / Date & Time: 25 JUN 2021

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

Witnessed by Reporting Centre Personnel \_\_\_\_\_

**Sketch Plan**

My Vehicle A: GX3191C

Vehicle B: GX1530X

Vehicle C/Others: \_\_\_\_\_

Date: 06/07/2017 Time: 3:30pm Location: Leading Bay of OC Tang

Describe Circumstances of the Accident

When I was collecting my vehicle, I noticed some damages on my front portion. I have also noticed a note from the other party. I have managed to get hold of the other party's and they have asked us to claim his insurance.

A FBL3195P

B 4P8668R

B

A