

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

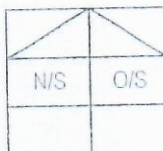
Insured: **SKF 7215P**Policy No. **DMPCSNW00008192100**Claims No. **SNM21D203924/C03/LEEPG**

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Est. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SLU868K** Yr Regn: **2009 Lve**Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **BMW 320i Coupe** cc **1995**Colour: **White** A/C: Insured / Std / Nil / NASp. Reading: **18341** T/Radio: Insured / Std / Nil / NAEng/No: **183471**C/No: **WBAWAS2020P300662**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: **225/40R18**R: **225/40R18**

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

TOYO / YOKO or

Front

R/Bal. **06** mmL/Bal. **06** mmD.O.A. **13/7/21**

Survey held at

Des. of Damages: Frt / 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 China.**COE Expiry: 31/05/29.****26/8/21 Adrian confirmed LS \$3600 (Red 2696, 42%)**

MV:

PV:

Nett:

Date/Time, File Pass to?



Preli. Report

1)

Date/Time, File Return to?



Final Report

30/8/21-TypistBy: **Merimen**Lump Sum / LS: **LS \$3600**Days Of Repair: **3**Resurvey No. of Trip: **1**Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Insp (\$☐ Weekend (\$

Survey Fee:

Transportation:

C. PS. SI

P.

C.

C.

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	15/07/2021 09:16 (SGT)
Date of Accident	13/07/2021 09:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 126, BEDOK NORTH RD (CARPARK LOT 92)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU868K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN KUAN TEN
NRIC No	SXXXX246B
Email Address	kuantenchan@gmail.com
Mobile Phone No	(Phone) +65-96647907
Alternative Phone No	+65-96647907

VEHICLE PARTICULARS

Manufacturer	BMW
Model	320i
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1995

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5101080072-03
Cover Note Number	-

DRIVER

Name of Driver	CHAN KUAN TEN
NRIC No	SXXXX246B

Date Of Birth	04/06/1958
Occupation	Outdoor
Date Of Driving Pass	11/05/1987
Driving experience	34 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96647907
Alt. Phone Number	+65-96647907
Email Address	kuantenchuan@gmail.com
Address	APT BLK 124 BEDOK NORTH ROAD #07-139
Address complement	-
Postcode	460124
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Raining
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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 North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT, REF NO: T/20210713/2181

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF7215P
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
No. Of Passenger (Including Driver)



SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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 as 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 enquires 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.

CITY AUTO PTE LTD

Blk B Sin Ming Road

#01-53/60/62 Sin Ming Ind Es

Singapore 675643

Tel: 6453 1269 Fax: 6453 7944

(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sedat North Ct 2

Please refer to police report, ref no: T/2020/013/2021

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state

☐ Claim Own policy

☐ Claim Third Party☒ Claim CD/TF at other workshop☐ Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-581601/2 Sin Ming Ind Est
Singapore 575643
Tel: 6453 7944 Fax: 6453 7944
(Claims Section)

Attested by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210713/2181

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20210713/2181

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 23:06		Vice Report No.: G/20210713/0058	Station Diary No.: 124
Informant's Particulars			
Name of Informant: CHAN KUAN TEN		Address: APT BLK 124 BEDOK NORTH ROAD #07-139 SINGAPORE 460124	
ID Type / ID No.: NRIC NO / S13152-6B		Contact No.: Home/Office:	Mobile: 96647907
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 04/06/1958	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B, 2A, 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/07/2021 09:00	Type of Location: Open Carpark
Location: BEDOK NORTH STREET 2				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Unknown		Anyone conveyed by ambulance: No		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKF7215P	Car					0
SLU868K	Car	BMW	320I A	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU868K	NTUC Income Insurance Co-Operative Limited	5101080072-03	25/06/2021	24/06/2022



**SINGAPORE
POLICE FORCE**



T/20210713/2181

2 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20210713/2181

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S1315246B
Name	CHAN KUAN TEN	Contact No	96647907
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 12/7/2021 at 6pm, I parked my vehicle, SLU 868 K, at the open carpark of Blk 126 Bedok North St 2, at Lot no 92. On 13/7/2021 at 5.45pm, I returned to my vehicle and spotted several damages to the vehicle. There are scratches, dents found on the front portion of my vehicle, including the front bumper, front headlights, front bonnet and the front number plate. I have an in car camera but I could not find any recording of the accident. At 6.30pm, I received a call from IO Koh Wei Jie of Traffic Police (Tel:6547 6358). He informed me that my vehicle was involved in an accident earlier at 9am, involving another vehicle (reg no: SKF 7215 P). I was informed to lodge a police report in regards to this accident. I wish to state that I did not witness this accident. That is all.



SINGAPORE POLICE FORCE



T/20210713/2181

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Report No. T/20210713/2181

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sr Staff Sgt NORASHIKIN BINTI MOHAMED
SALLEH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Authentication Stamp

NP168

Signature Of Informant.

Date/Time:

13/07/2021 23:06

Classification Of Case: