

ASS. REC. BY:

REF:

CS/CTI21012365/Avy3

ASSIGNMENT

From:

Date:

Veh No:

SMJ6589Y

Yr Regn:

2019, March

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

Make:

Honda Fit Hybrid c.c. 1496

at Workshop m/s

Colour:

Silver

A/C:

Insured / Std / NI / NA

of

Sp. Reading

32986

T/Radio:

Insured / Std / NI / NA

Insured:

SCV 32G

Eng/No:

Policy No.

DMPCSNW00152572100

C/No:

GPS1335477

Claims No.

SNM21D207081/C02

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

N/S	O/S

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

Tyre Size:

F:

185/60R15

R:

185/60R15

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

06

mm

R/Bal.

06

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

06

mm

L/Bal.

06

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A. 4/12/2021

D.O.I.

07/12/21

Lum Sum:

%

3 Val.: Yes or No

Survey held at

SK

CA / REV / REP. / 24 HRS

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

Date:

Person Contacted:

Vehicle: IN / OUT

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

Date / Time

Action / Instruction

22/2/22

Adrian informed final fig \$1951.60 (red 2656.40, 57%)

MV:

PV:

Nett:

Date/Time, File Pass to?



Preli. Report

Days Of Repair:

2

1)



Final Report

Resurvey No. of Trip:

1

Date/Time, File Return to?

2) 23/2/22-typist

Add Fee:



Site Insp (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Report Format:

Merimen

Lum Sum / I.R.P.C. \$1951.60

Weekend (\$

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	06/12/2021 16:12 (SGT)
Date of Accident	04/12/2021 03:30 (SGT)
Exact Location of Accident	Hougang Ave 8, Singapore
Additional Location Information	BLK 649 CARPARK (HG42 LOT 52)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ6589Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH YAO MING
NRIC No	SXXXX794H
Email Address	kym2609@gmail.com
Mobile Phone No	(Phone) +65-81218984
Alternative Phone No	+65-81218984

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1496

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MP316316
Cover Note Number	-

DRIVER

Name of Driver	KOH YAO MING
NRIC No	SXXXX794H

Date Of Birth	26/09/1987
Occupation	Indoor
Date Of Driving Pass	08/12/2006
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-81218984
Alt. Phone Number	+65-81218984
Email Address	kym2609@gmail.com
Address	650 HOUGANG AVE 8 #05-331
Address complement	-
Postcode	530650
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	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 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO.T/20211204/7010.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO DID NOT BRING UPON REPORTING
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY.1

Vehicle Registration Number	SCV32G
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

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: 8MJ6589Y
B: 8CV32G

Describe Circumstances of the Accident

Refer to police report no.: T/20211204/7010

☐ Credit card payment

☐ Claimant's name

☒ Claimant's name and other workshop SK Automobile

☐ For repair purposes only

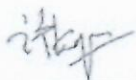
MF 316316

HLC CS

SMJ6589Y

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211204/7010

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20211204/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2021 11:52		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOH YAO MING			Address: 650 HOUGANG AVENUE 8 #05-331 SINGAPORE 530650		
ID Type / ID No.: NRIC NO / S8730794H			Contact No.: Home/Office: Mobile: 81218984		
Nationality: SINGAPORE CITIZEN			Email: kym2609@gmail.com		
Sex: Male	Age: 34	Date of Birth: 26/09/1987	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Environmental engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/12/2021 03:30	Type of Location: Car Park
Location: HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCV32G	Car	MERCEDES BENZ	C200 AVANTGAR DE (R17 LED)			0
SMJ6589Y	Car	HONDA	Fit	Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211204/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20211204/7010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ6589Y	HL ASSURANCE PTE. LTD	MP316316	16/01/2021	13/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	KOH YAO MING	ID No.	S8730794H
Related Vehicle	NIL	Contact No.	81218984
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the night of 03 Dec 2021, I parked my car SMJ6589Y at HG42 Lot 52, below Blk 649 Hougang Ave 8 at about 2200h. When I went back to my car in the morning of 04 Dec 2021 at 1030h, I realised the front portion of my vehicle SMJ6589Y was damaged. I retrieved the dashcam footage and it showed vehicle SCV32G had reversed and collided onto my vehicle. The driver of SCV32G got down from his vehicle to check on the condition, after which, he boarded his car and sped off.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20211204/7010

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Report No. T/20211204/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
NEO ZHI YUAN
Contact No.: 65476079

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

Date/Time:
04/12/2021 11:52

Classification Of Case:

NP188