

CS/AGI22004975/Aty3

ASS. REC. BY:

REF:

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. _____

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: _____ 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: SMX 9362R Yr Regn: 2021, Feb.

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

Truck / Trailer or

Make: Honda Shuttle C.C. 1496.

Colour: Blue A/C: Insured / Std / NI / NA

Sp.Reading: 16035 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK82103A5 *

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: 205 / 55R16

R: 205 / 55R16

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. 26/05/22

*Survey held at Sin Yu Sin.

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 Budget Direct.

MV: lump sum \$4000, 5days

PV: red:4530.28;53%

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

nd Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

Report Format:

1. Form 2. Form 3. Form 4. Form 5. Form 6. Form 7. Form 8. Form 9. Form 10. Form 11. Form 12. Form 13. Form 14. Form 15. Form 16. Form 17. Form 18. Form 19. Form 20. Form 21. Form 22. Form 23. Form 24. Form 25. Form 26. Form 27. Form 28. Form 29. Form 30. Form 31. Form 32. Form 33. Form 34. Form 35. Form 36. Form 37. Form 38. Form 39. Form 40. Form 41. Form 42. Form 43. Form 44. Form 45. Form 46. Form 47. Form 48. Form 49. Form 50. Form 51. Form 52. Form 53. Form 54. Form 55. Form 56. Form 57. Form 58. Form 59. Form 60. Form 61. Form 62. Form 63. Form 64. Form 65. Form 66. Form 67. Form 68. Form 69. Form 70. Form 71. Form 72. Form 73. Form 74. Form 75. Form 76. Form 77. Form 78. Form 79. Form 80. Form 81. Form 82. Form 83. Form 84. Form 85. Form 86. Form 87. Form 88. Form 89. Form 90. Form 91. Form 92. Form 93. Form 94. Form 95. Form 96. Form 97. Form 98. Form 99. Form 100. Form 101. Form 102. Form 103. Form 104. Form 105. Form 106. Form 107. Form 108. Form 109. Form 110. Form 111. 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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	23/05/2022 18:56 (SGT)
Date of Accident	21/05/2022 20:21 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX9362R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FONG WEIXIONG SAMUEL
NRIC No	SXXXX996C
Email Address	Smalltimescorer@yahoo.com
Mobile Phone No	(Phone) +65-91288615
Alternative Phone No	+65-91288615

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00009322201
Cover Note Number	-

DRIVER

Name of Driver	FONG WEIXIONG SAMUEL
NRIC No	SXXXX996C

Date Of Birth	26/08/1985
Occupation	Indoor
Date Of Driving Pass	28/04/2009
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91288615
Alt. Phone Number	+65-91288615
Email Address	Smalltimescorer@yahoo.com
Address	BLK 112A ALKAFF CRESCENT #08-94
Address complement	-
Postcode	341112
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	Collision - Major/Minor Rd
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	NIL
Gender	Female

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

REFER TO POLICE REPORT T/20220523/7007.

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	SLC7446T
Vehicle Manufacturer	-

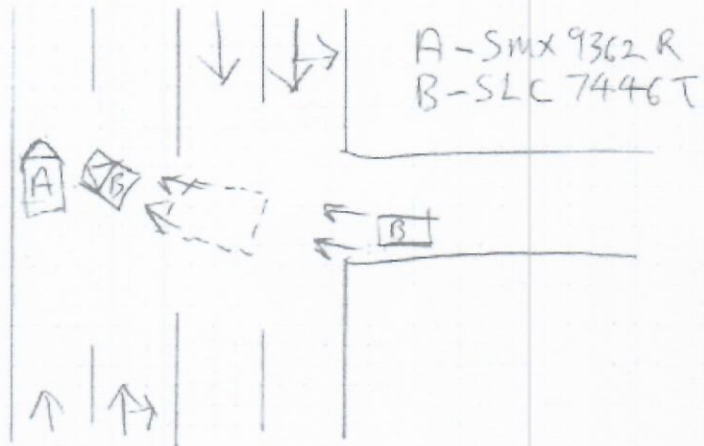
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FONG WEIXIONG SAMUEL
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20220523/7007.

DECLARATION

I/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:

Reporting Centre Personnel's Signature	
Name:	
NRIC/IN No.:	


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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20220523/7007

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

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Report No. T/20220523/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2022 11:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: FONG WEIXIONG, SAMUEL			Address: 112A ALKAFF CRESCENT #08-94 SINGAPORE 341112		
ID Type / ID No.: NRIC NO / S8527996C			Contact No.: Home/Office: Mobile: 91288615		
Nationality: SINGAPORE CITIZEN			Email: SMALLTIMESCORER@YAHOO.COM		
Sex: Male	Age: 36	Date of Birth: 26/08/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2022 20:20	Type of Location: Straight Road
Location: YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLC7446T	Car	HONDA	VEZEL	Silver	Slightly Damaged	0
SMX9362R	Car	HONDA	SHUTTLE 1.5G CVT SENSING	Blue	Slightly Damaged	1



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CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX9362R	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000093 22201	05/02/2022	04/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	YAP JUI SENG		ID No.	S2018702F
Related Vehicle	SLC7446T (Car)		Contact No.	96181219
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	
Passenger				
Name	NG PEI XUAN		ID No.	S8438455J
Related Vehicle	SMX9362R (Car)		Contact No.	96739180
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	
Driver				
Name	FONG WEIXIONG, SAMUEL		ID No.	S8527996C
Related Vehicle	SMX9362R (Car)		Contact No.	91288615
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/05/2022		Date	22/05/2022
No. of Days granted Medical Leave	03	Degree of	Slight	



**SINGAPORE
POLICE FORCE**



T/20220523/7007

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CONTINUATION OF REPORT

Brief Details.

I was travelling in my midnight blue Honda Shuttle (SMX9362R) with my wife, Mdm Ng Pei Xuan, in the passenger side, at about 40KM/H on Lane 2 after a speed bump along Yio Chu Kang Road towards Yio Chu Kang Link.

When passing the SPC Petrol Kiosk on the opposite side of the road, a silver Honda Vezel driven by Mr YAP Jui Seng, exited the petrol kiosk, cut across the 3 lanes (2 lanes on the opposite side of road + Lane 1 on my side of road), and collided with the rear right-side of my vehicle on Lane 2.

I gave a short honk on my horn after the collision, and came to a rolling stop about 40metres away from the site of impact.

The Honda Vezel driver stopped his vehicle about 20metres behind my vehicle.

We exited our vehicles to assess both our vehicles' damages, take photos, and exchange personal details and contact information.

During the exchange, the Honda Vezel driver acknowledged that this collision was his fault, as he was looking out for cyclists when exiting the SPC Petrol Kiosk, and did not notice my vehicle, even though my vehicle headlights were turned on and in proper working condition.

There was minimal traffic before, during, and after the impact.

The roads surface were dry, and well-lit with good visibility during the time of incident.

Although Mr Yap, my wife, and I felt no injuries at the time of the incident, I woke up the next morning with a neck strain the next morning and was given 3 days MC by my family doctor at "Our Woodleigh Family Clinic", effective 22 May - 24 May 2022.

My wife remains uninjured so far.

At the time that I am filing up this e-report (23 May, 10.20am), Mr YAP and I have not made further contact with each other since we exchanged contact details after the incident at 8.21pm, 21 May 2022. I have no information on his physical condition after the incident.

I have pictures of our damaged vehicles, and my vehicle's in-car camera video footage of the collision.

I did send an email to the motor insurance company (China Taiping) and a WhatsApp message to their authorized workshop AutoInsure Pte Ltd on the night of the incident on 21 May.

However, both were closed for the weekend and I could only positively notify my motor insurance company (China Taiping) via Phone Call at 9.19am this morning, 23 May, and was advised by the motor insurance officer to file a Traffic Police Report due to the injury sustained from the collision.

I also managed to contact authorized workshop at AutoInsure@Kaki Bukit and arranged to bring my vehicle down to their workshop at 11.15am later this morning.



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Report No. T/20220523/7007

CONTINUATION OF REPORT



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POLICE FORCE**

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T/20220523/7007

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Report No. T/20220523/7007

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 / TP18 /
BOON YEN KIAN
Contact No.: 65476172

NP168

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

Date/Time:
23/05/2022 11:03

Classification Of Case: