Ass. Rec. By: REF: CS/CTI22005242/Avy3

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: SLT 3168H

Policy No. DMPCSNA00047662204

Claims No. SNM22D203827/C02/LEWLC

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 Rport: _____ 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: SLG4669H Yr Regn: 2022 Jan.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or _____

Make: Honda Vezel c.c 1496

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

Sp.Reading 7720 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: RV31002626 * _____

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: 215/60R16

R: 215/60R16

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.	30/5/2022	D.O.I.	04/07/22.

Survey held at Jack Car.

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

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

Date / Time	Action / Instruction
	TP Chinn.
1/11/22	Adrian informed final fig $1692 (Red 1610,48%)
	MV :
	PV :
	Nett :

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) 1/11/22-typist

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

☐ : Tech. Insp ($ _____)

☐ : _____ ($ _____)

Survey Fee:

Transportation: ___c ~RS___$

Photos

Other

Report Format : TP

Lump Sum / PR Fee : $1692

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 witholding 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	31/05/2022 18:51 (SGT)
Date of Accident	30/05/2022 18:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KALLANG PAYA LEBAR EXPRESSWAY SINGAPORE - MERGING LANE OF KALLANG EXIT GOING TOWARDS KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9669H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KIA LUAN
NRIC No	SXXXX457J
Email Address	POON@DACC.COM.SG
Mobile Phone No	(Phone) +65-96335433
Alternative Phone No	+65-96335433

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D22MTPV01002367
Cover Note Number	-

DRIVER

Name of Driver	NG KIA LUAN

NRIC No	SXXXX457J
Date Of Birth	03/01/1975
Occupation	Indoor
Date Of Driving Pass	03/05/2001
Driving experience	21 YEARS
Gender	Female
Mobile Number	(Phone) +65-96335433
Alt. Phone Number	+65-96335433
Email Address	POON@DACC.COM.SG
Address	BLK 647 JALAN TENAGA
Address complement	#11-127
Postcode	410647
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	Side Swipe
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)	1
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT.
REPORT NO. G/20220530/2141

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	SLT3168H
Vehicle Manufacturer	Mercedes
Vehicle Model	C200
Vehicle Variant	-

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.

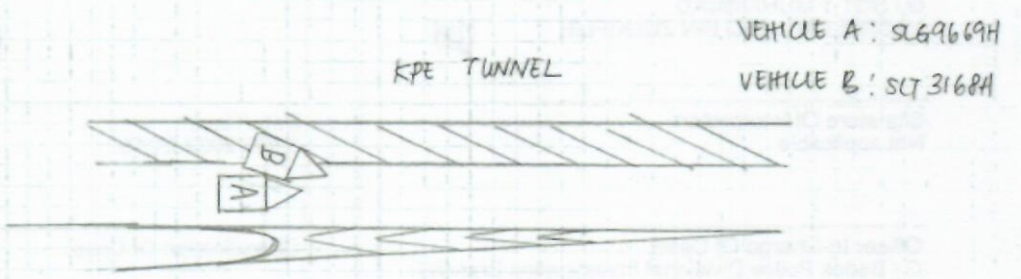
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
31/5/22		

Sketch Plan



SINGAPORE POLICE FORCE

G/20220530/2141

POLICE REPORT (NP299)

Report No. G/20220530/2141

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Date/Time Report Made	Vide Report No.	Station Diary No.
30/05/2022 21:16		118

Name Of Informant NG KIA LUAN	Address APT BLK 647 JALAN TENAGA #11-127 SINGAPORE 410647			
ID Type / ID No. NRIC NO / S7501457J	Contact No. Home/Office		Mobile 96335433	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation SELF EMPLOYED	Sex Female	Age 47	Date of Birth 03/01/1975	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 30/05/2022 18:45	Location Of Incident KALLANG PAYA LEBAR EXPRESSWAY SINGAPORE Merging lane of Kallang exit going towards KPE			

Brief details.

On the 30/05/2022 at about 1845hrs I was on my way to Pasir Ris to pass my friend some things. I was on the KPE highway from Kallang entrance going towards Tampines/Pasir Ris. I was on the right side of the merging lane. I realized one black color Mercedes car bearing a plate number of SLT3168H was driving close behind my vehicle. I continued driving, that was when I realized the said car tried to overtake me on the left side and that caused a collision on the front left side of the vehicle and his right side of his vehicle. Initially I wanted to stop however, the other driver wind down his window and showed

Signature Of Officer Recording The Report: G / SGT 1 MUHAMMAD NASRULLAH AFIQ BIN ZULKIFLIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/05/2022 21:16
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / INSP (2) MUHAMMAD AZHAR BIN ABDUL HAMID Contact No.: 62447200	Classification Of Case:

SINGAPORE POLICE FORCE

G/20220530/2141

POLICE REPORT (NP299) CONTINUATION OF REPORT Report No. G/20220530/2141

aggressive hand gestures towards me, that was when I decided to just continue driving. After i drove off at around tampines road exit, I decided to call for the police, while I was on the phone with the police, the said Mercedes driver approached me in his car, drove in front of me and did an emergency brake. I managed to stop in time to avoid collision. While our vehicle was in a stationary position, the said driver continued to show aggressive gestures towards me. I drove off to avoid confrontation. There was no verbal confrontation between us, I have never seen this car and the driver before, and this is the first time such incident happened. I am lodging this report as I fear for my safety as the driver showed aggressive gestures towards me. I have an in-car camera installed in my vehicle.

Signature Of Officer Recording The Report: G / SGT 1 MUHAMMAD NASRULLAH AFIQ BIN ZULKIFLIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/05/2022 21:16
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / INSP (2) MUHAMMAD AZHAR BIN ABDUL HAMID Contact No.: 62447200	Classification Of Case: