

Ass. Fed. BY: _____ REP: **CS/EQI22006773/Aqy3**

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TI / 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: _____

Veh No: SKS9427M Yr Regn: 2010 / Nov
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Volkswagen Polo c.c. 1197
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 209692 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WVWZZZ6RZBU023120
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195/50R16
 R: 195/50R16

(Policy Condition)
 Remark The veh had commenced its
 repair at the time of inspection.

N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____

Front		Rear
R/Bal. <u>06</u>	mm	R/Bal. <u>06</u> mm
L/Bal. <u>06</u>	mm	L/Bal. <u>06</u> mm
D.O.A.		D.O.I. <u>23/08/22</u>

 Survey held at JL Perfect.
 Des. of Damages: Frt / Rear / O/S N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Date / Time	Action / Instruction
	<u>TP EQ</u>
	<u>LOE Expiry: 31/10/2030</u>
	LS \$1100, 2 days. (Red \$2178.18, 66%)
	<u>MV :</u>
	<u>PV :</u>
	<u>Nett :</u>

Date/Time, File Pass to? : Preli. Report
 1) 01/11 Typist : Final Report

Days Of Repair: 2
 Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
3 + RS	\$1
Photos	
Others	

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Inve (\$ _____)

Report Format: TP

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	13/07/2022 14:37 (SGT)
Reported by	Both
Date of Accident	12/07/2022 10:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 827 TAMPINES STREET 81, OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS9427M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEONG KIAN HAO
NRIC No	S9210072C
Email Address	XIAODES_21@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81578421
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Polo
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	1200

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5119550850-01

DRIVER

Name of Driver	CHEONG KIAN HAO
NRIC No	S9210072C
Date Of Birth	05/03/1992
Occupation	Outdoor

Date Of Driving Pass	23/03/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81578421
Alt. Phone Number	-
Email Address	XIAODES_21@HOTMAIL.COM
Address	BLK 827 #03-144
Address complement	TAMPINES STREET 81
Postcode	520827
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : T/20220713/2036 AND SKETCH PLAN

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	INFORM DRIVER TO E-MAIL VIDEO TO INCOME

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK799Y
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Passport No/FIN	G2076133X
Contact Number	(Phone) +65-84196971
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 Actual 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 Traffic Police Department for investigation.**
- 6. This report will be forwarded by the insurers to 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.

13/07/2022
1430HRS

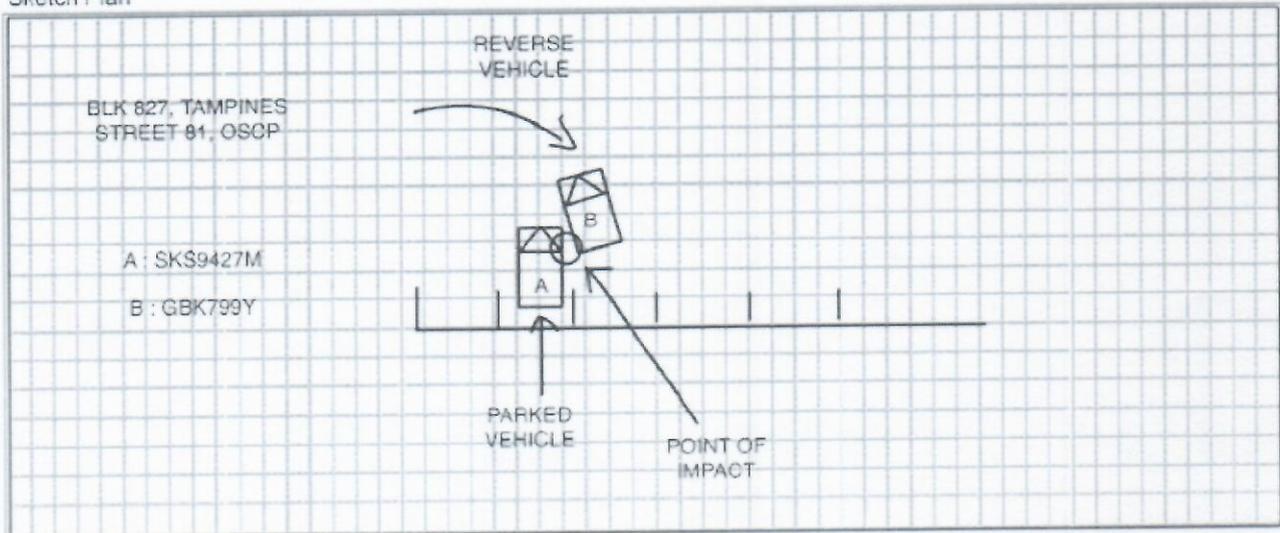
Policyholder's Signature / Date & Time

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

VINCENT SOH

Witnessed by Reporting Centre Personnel
(Name as in NRIC/AD card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT ATTACHED

Declaration

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

27/06/2022
1430HRS

Policyholder's Signature / Date & Time

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

VINCENT SOH

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20220713/2036

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20220713/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2022 13:05	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars			
Name of Informant: CHEONG KIAN HAO		Address: APT BLK 827 TAMPINES STREET 81 #03-144 SINGAPORE 520827	
ID Type / ID No.: NRIC NO / S9210072C		Contact No.:	Mobile: 81578421
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 05/03/1992	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/07/2022 10:50	Type of Location: Car Park
Location: TAMPINES STREET 81				
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	Condition	No of Passenger
GBK799Y	Lorry	MITSUBISHI	CANTER	Red	Slightly Damaged	0
SKS9427M	Car	VOLKSWAGO N	POLO 1.2L AT 6R14F7	Grey	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKS9427M	NTUC Income Insurance Co-Operative Limited	5119550850-01	30/11/2021	29/11/2022	



**SINGAPORE
POLICE FORCE**



T/20220713/2036

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Report No. T/20220713/2036

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	G2076133X
Related Vehicle	GBK799Y (Lorry)	Contact No.	84196971
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHEONG KIAN HAO	ID No.	S9210072C
Related Vehicle	SKS9427M (Car)	Contact No.	81578421
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/07/2022 at around 1000hrs, I parked my vehicle at the open space carpark at Blk 827 Tampines street 81. On 12/07/2022, at around 1845hrs, my vehicle right side mirror was damaged. I then went to retrieve my in car camera footage and found out that the vehicle with the license plate number "GBK799Y" hit my side mirror and drove off. I then decided to lodge a police report on 13/07/2022 for record purposes.



**SINGAPORE
POLICE FORCE**



T/20220713/2036

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20220713/2036

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/
SGT 2 MUHAMMAD IZZ
KHAIRIN BIN MOHAMED
HISHAM *As SGT Samuel Lee*

Signature Of Informant: *G*

Signature Of Interpreter:
Not applicable

Date/Time:
13/07/2022 13:05

Officer In Charge Of Case:
TP / HRT /
INSP (1) KASMAWATI BTE SAMIAN
Contact No.: 65476368

Classification Of Case:

NP 168