

Ass. Fee, BY:

REP:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / T / 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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKG3221S

Yr Regn: 2012 May

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

Truck / Trailer or

Make: BMW 520i

c.c. 1597

Colour: Bronze

A/C: Insured / Std / NI / NA

Sp. Reading: 157226

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAX612090DX49317

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: 245/40R19

R: 245/40R19

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

TOYO / YOKO or

Falken

Front

Rear

R/Bal. 06 mm

R/Bal. 06 mm

L/Bal. 06 mm

L/Bal. 06 mm

D.O.A. _____

D.O.I. 22/07/22

Survey held at Xin Hng.

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 msh.

LoE Expiry: 30/05/27.

MV:

PV:

Nett:

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

Add Fee:

☐

: Site Insp (\$

☐

: Inter. Insp (\$

☐

: Total. Insp (\$

Report / Pass:

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 15:42 (SGT)
Reported by	Both
Date of Accident	11/07/2022 13:00 (SGT)
Exact Location of Accident	153 Serangoon North Ave 1, Singapore 550153
Additional Location Information	CARPARK OF 153 SERANGOON NORTH AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG3221S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	GOH LIONG FOH
NRIC No	SXXXX426I
Email Address	goh3221@gmail.com
Mobile Phone No	(Phone) +65-90063221
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	520i
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	1997

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMPPHQ22-003926

DRIVER

Name of Driver	GOH LIONG FOH
NRIC No	SXXXX426I
Date Of Birth	27/03/1966
Occupation	Indoor

Date Of Driving Pass	16/12/1992
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90063221
Alt. Phone Number	-
Email Address	goh3221@gmail.com
Address	BLK 522C TAMPINES CENTRAL 7
Address complement	#03-27
Postcode	523522
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	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC2376M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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)

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-98258448
Email	

IMPORTANT NOTICE



Description

West side of the highway, on the side of the road.

[Handwritten signature]

Surveyor's Name: [Blank]

Surveyor's Title: [Blank]

[Handwritten signature]

Surveyor's Name: [Blank]
Surveyor's Title: [Blank]





SINGAPORE POLICE FORCE



1/20220711/2022

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

Report No. T/20220711/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2022 14:38
Vide Report No.: F/20220711/0135
Station Diary No: 17

Informant's Particulars

Name of Informant	Address		
GOH LIONG FOH	APT BLK 522C TAMPINES CENTRAL 7 #03-27 SINGAPORE 523522		
ID Type / ID No.	Contact No.		
NRIC NO / S26794261	Home/Office	Mobile: 90063221	
Nationality	Email		
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	56	27/03/1966	Driver
Race:	Language:		Institution / School Name:
Chinese			
Occupation:	Driving Licence Information:		
Contractor	Class: 2B.3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/07/2022 13:00	Type of Location: Car Park
Location: SERANGOON NORTH AVENUE 1				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC2376M	Lorry					0
SKG3221S	Car	BMW	520i 2.0L AT D/AB 2WD 4DR GAS/D NAV	Brown		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No 1800-2849999



T/20220711/2022

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Report No T/20220711/2022

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKG3221S	EQ INSURANCE COMPANY LTD.	DMPPHQ22-003926	01/06/2022	31/05/2023

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name GOH LIONG FOH ID No. S2679426I

Related Vehicle SKG3221S (Car) Contact No. 90063221

Hospital/Clinic NIL Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL

Date Treatment NIL Date Discharge NIL

No. of Days granted Medical Leave NIL Degree of Injury NIL

Brief Details.

On 11/7/2022 at about 1200hrs, I parked my vehicle SKG3221S at Blk 153 Serangoon North Ave 1 and left for lunch.

At about 1300hrs, I came back to my vehicle together with my daughter and discovered that my vehicle has dent and scratches on the right frontal side of my car. Therefore, my daughter called for the police.

While waiting for the police to arrive, 2 passerby approached me and informed me that they witnessed a lorry car plate number GBC2376M colliding onto my car and left the place. The 2 passerby's contact details are 98258448 and 82492291.

I do not have any in car camera installed in my car.

I am lodging this report for police assistance.

RE
RCE



**SINGAPORE
POLICE FORCE**



T/20220711/2022

1 of 1

Report No: T/20220711/2022

Police Station Of Origin
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No 1800-2849999

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:
F /
SGT 3 CHO JUN XIONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time
11/07/2022 14:38

Officer In Charge Of Case:
TP / HRT /
Other KASMAWATI BTE SAMIAN
Contact No. 65476368

Classification Of Case: